

By defining a community's needs, it will result in better service for citizens, better outcomes, and a clear path for all of us to follow together.

# Community Needs Assessment

For Community Concepts, Inc.

Accepted by the Board of Directors on  
January 6, 2020

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Fostering opportunities for thriving  
individuals, families & communities

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## Executive Summary

As we enter in a new year and a new decade, it is timely that we at Community Concepts had an important task to complete, a community needs assessment. As a community action agency that receives federal Community Services Block Grant funding, Community Concepts conducts a comprehensive needs assessment every three years. This current Community Needs Assessment depicts a snapshot in time that provides a portrait of community need, needs vital to ensuring that the work of this agency fosters opportunities to thrive for individuals, families and businesses in Androscoggin, Oxford and Franklin Counties, Maine.

Extensive research was conducted from March through November of 2019. Community Concepts Staff conducted and analyzed over 450 responses through surveys, interviews, and forums from its employees, community partners, and adult residents in the two- county service area and used extensive secondary sources of information to arrive at conclusions about current need within our communities.

The needs assessment will guide us in our work as an integral part of our decision-making process as we use the data set forth in this assessment to set goals to improve outcomes for the 20,000+ people that we serve each year.

It is easy to look at numbers and draw conclusions, but this assessment requires thoughtful analysis and context, as poverty is more than numbers. There are people behind the numbers, and, to this end, the overarching theme of the data collected and reported throughout this assessment suggests that the people we serve are feeling the effects of dwindling resources and a need for greater attention in 5-critical areas of need. In order of stated percentage of importance;

### CRITICAL NEED AREAS

1. Access to Mental Health Care
2. Addiction/Substance Abuse Programs
3. Transportation
4. Affordable Housing/Home Repairs and
5. Job/Skills Training.

At Community Concepts, meeting these needs is no easy task, and still, since 1965, we successfully deliver outcomes that provide our most vulnerable citizens with opportunity to thrive through over 60 direct service programs, with a strategic imperative to maximize organizational strengths to meet the identified need of the diverse people in our region.

We have work to do.

We are pleased to publish this assessment and convey our gratitude to the many individuals who gave of their time, talents, voice and professional feedback to better serve the communities where we live and work.

## About Community Concepts

Community Concepts was incorporated in 1965 by local community members seeking to reduce poverty in western and central Maine. Community Concepts is a Community Action Agency for Oxford and Androscoggin counties and a Maine 501(c) 3 organization that has helped thousands of low to middle income level residents receive the support they need. Community Concepts supports residents in Franklin county as well with a dynamic range of programs. Under its umbrella, Community Concepts has over 60 direct service programs that support children and family services, transportation, heating and utility assistance, affordable housing and home improvement services, home ownership support and financing for housing and businesses. Workforce development services are provided by the organization, such as career counseling, skills assessment, and job preparedness skills for people of low to moderate income in the Lewiston-Auburn area. These programs enable individuals to acquire knowledge, skills and insights to seek and retain gainful employment.

Community Concepts provides services and programs to support the well-being of children, teens and families. These include Head Start and child care, parenting support, school-based counseling for teens, child abuse and neglect prevention, childcare home nutritious food program and the family support programs. Additionally, Community Concepts has services and programs to provide income eligible residents with energy assistance as well as safe and energy-efficient housing. These programs include home heating and electricity assistance, central heating improvement program, weatherization and home improvements such as furnace repair or replacement.

Transportation services at Community Concepts include free rides to medical appointments for residents of low income, those with Maine Care, Veterans, seniors and cancer patients. Funds are available for these groups to access other important services such as trips to the grocery store and the bank.

Community Concepts, and its subsidiary Community Concepts Finance Corporation, provide a variety of economic development services including financial literacy, loans to businesses and commercial properties, technical assistance, property management and maintenance and real estate mortgages. Services and programs to foster home ownership across the community and affordable living options for low income residents include the following: home building and renovation, affordable rental housing, and home ownership services. The latter category includes home loans, home buyer education, credit and foreclosure counseling, home energy evaluation, lead testing and abatement and home maintenance.

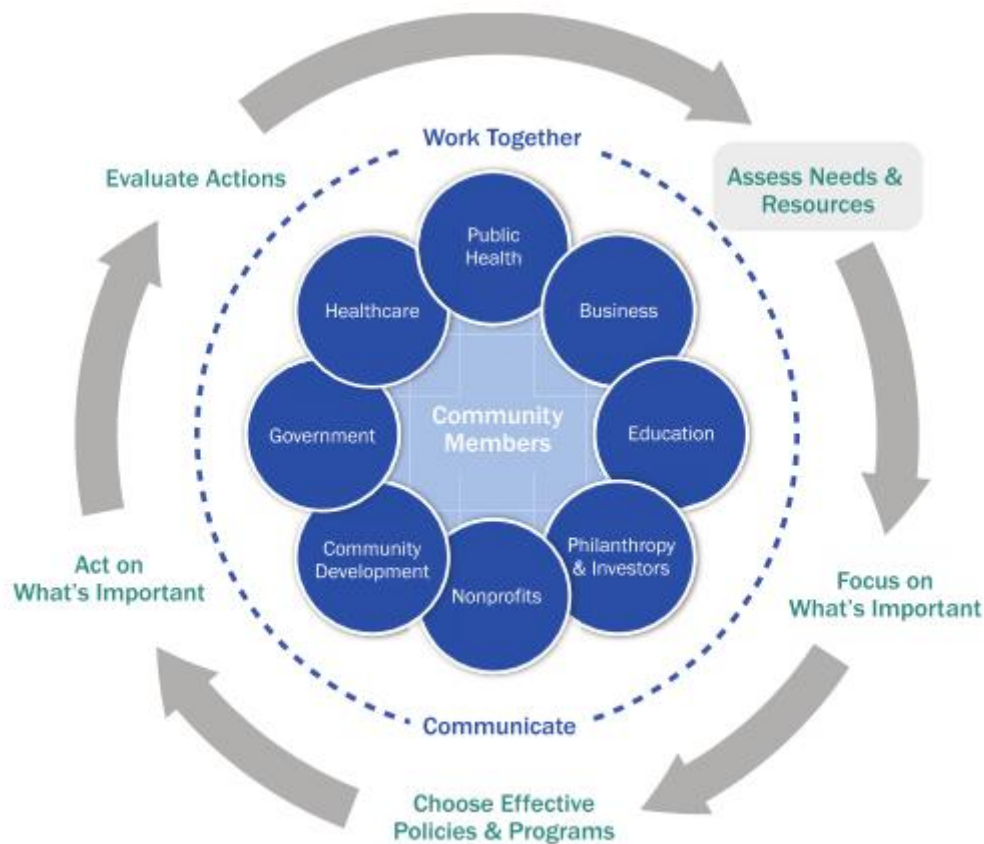
The agency has an annual operations budget of twenty-three million dollars and employs 230+ full time, paid staff and over 150 volunteers. Our partnerships are many. We work with compassion and urgency to meet the vital needs of over 20,000 people annually. At Community Concepts, we work toward a common vision where all residents have an opportunity to achieve personal and financial fulfillment.

Community Concepts is governed by an all-volunteer, tri-partite Board of Directors comprised of Maine residents including elected officials and economically disadvantaged people from Androscoggin, Oxford and Franklin counties. Community Concepts Board of Directors is a diverse group, inclusive and capable of representing the many voices and communities served.

## The Purpose of a Community Needs Assessment

As a community action agency that receives federal Community Services Block Grant funding, Community Concepts must conduct a comprehensive community needs assessment every three years. This report satisfies that requirement by using both qualitative and quantitative data to analyze the factors that contribute to poverty in the Community Concepts catchment area and the needs of low-income residents. Its findings will help Community Concepts identify gaps in services and opportunities to help low-income residents improve their economic, physical, and emotional well-being. It will also serve as a valuable source of information for other local service providers.

Needs assessments are a valuable tool in determining community perceptions, strengths and concerns for the purposes of planning and community improvement. Community needs assessments involve the key elements of convening stakeholders for planning (e.g., determining area of focus for the assessment, reviewing instruments, identifying the target population and avenues for dissemination), administration of a community survey and/or use of qualitative methods (i.e., interviews, focus groups) to gather public perceptions, analysis of data and reporting to key partners and the community.



## Community Profile

The two-county Community Action Agency service area of Androscoggin and Oxford Counties are split between rural lands and Maine's largest and growing twin cities with a population that is as diverse as its geographic profiles. Androscoggin county includes Maine's 2<sup>nd</sup> and 5<sup>th</sup> largest cities, Lewiston and Auburn, and include among the largest populations of ethnic persons, approximately 11% of the population in Lewiston have immigrated from African countries. We serve a diverse client base, each with unique needs, needs we are consistently striving to meet to ensure the promise of a bright future in the communities where we live and work.

Androscoggin County is located in south central Maine. It contains roughly 8% (107,376) of Maine's 1.27 million residents. Androscoggin County contains Maine's second and fifth largest cities: Lewiston (population 36,592 in the 2010 census) and Auburn (population 23,055 in the 2010 census) respectively. Located across from each other on the Androscoggin River, the twin cities of Lewiston and Auburn are the central hub of the region. Over the past 20 years, Lewiston has become home to a large African immigrant population (approximately 11% of the population of Lewiston). The "New Mainers" come from Somalia, Djibouti, Angola, Sudan, Ethiopia and the Democratic Republic of the Congo, among others. Androscoggin County is one of the few counties in Maine experiencing a growth in population because of this immigration. In 2017, Androscoggin County had a population decline from 107,376 in 2016 to 107,317, which is a -0.0549% decrease. The county is primarily white (92.8%) with black (3.8%) and two or more races at 2.1%. Androscoggin County's population reflects two interesting trends: the highest number of people is in the under 18 years category (22%) and the second highest concentration of the population is over age 65 (17%.) The unemployment rate was 3.3% as of April 2019. Slightly over 10% of the primary languages spoken in the home are categorized as "other than English". <sup>i</sup>

The economy of Androscoggin County employs 53.5k people. The largest industries in Androscoggin County are Health Care & Social Assistance (9,321 people), Retail Trade (7,327 people), and Manufacturing (6,179 people), and the highest paying industries are Utilities (\$78,395), Public Administration (\$51,277), and Manufacturing (\$48,214). <sup>ii</sup> Households in Androscoggin County have a median annual income of \$49,538, which is less than the median annual income of \$60,336 across the entire United States, and the State of Maine median income of \$56,277. This is in comparison to a median income of \$48,728 in 2016, which represents a 1.66% annual growth. <sup>iii</sup> The unemployment rate for Androscoggin County is 3.0%, which is higher than the Maine State rate of 2.9%.

In 2017, the median age of all people in Androscoggin County was 40.7. Native-born citizens, with a median age of 41, were generally older than foreign-born citizens, with a median age of 37. In 2016, the average age of all Androscoggin County residents was 41. <sup>iv</sup> There were 20.5 times more white alone residents (97.8k people) in Androscoggin County, ME than any other race or ethnicity. There were 4.77k Two or More Races and 1.93k Hispanic or Latino residents, the second and third most common racial or ethnic groups.

The population of Oxford County is 57,299 and 19.2% of the population is 65 years of age or older. The population is predominantly white (96.7%), 1.7% of the population is two or more races, and 1.2% are Hispanic. Educational attainment measures for high school graduation (84.5%) and associates' degree or higher (27.7%) are lower than the state average (86.9% and 37.3%, respectively). <sup>v</sup>

The median property value in Oxford County is \$137,200, and the homeownership rate is 79.9%. Oxford County borders Cumberland, York, Androscoggin and Franklin counties in Maine. It also borders Carroll and Coos counties of New Hampshire.

The economy of Oxford County employs 25.5k people. The largest industries in Oxford County are Health Care & Social Assistance (3,987 people), Retail Trade (3,416 people), and Manufacturing (2,983 people), and the highest paying industries are Mining, Quarrying, & Oil & Gas Extraction (\$102,708), Utilities (\$46,161) and Public Administration (\$44,779).<sup>vi</sup> The current unemployment rate is 3.7% in Oxford County, which is higher than the State of Maine rate of 2.9%.

Households in Oxford County have a median annual income of \$44,582, which is less than the median annual income of \$60,336 across the entire United States, and the State of Maine median income of \$56,277. This is in comparison to a median income of \$42,197 in 2016, which represents a 5.65% annual growth.<sup>vii</sup>

In 2017, the median age of all people in Oxford County was 46.3. Native-born citizens, with a median age of 46, were generally younger than foreign-born citizens, with a median age of 56. But the average age of people in Oxford County is getting older. In 2016, the average age of all Oxford County residents was 46.<sup>viii</sup>

In 2017, there were 50.2 times more white alone residents (54.7k people) in Oxford County, ME than any other race or ethnicity. There were 1.09k Two or More Races and 709 Hispanic or Latino residents, the second and third most common racial or ethnic groups.<sup>ix</sup>

**THIS COMMUNITY ACTION AGENCY CAP NEEDS ASSESSMENT SERVICE AREA INCLUDES  
ANDROSCOGGIN AND OXFORD COUNTIES, MAINE**





## Acknowledgements

The Community Health Assessment was championed by Community Concepts and supported by the partners in our community in Androscoggin, Oxford and Franklin Counties. This effort would not have been as successful without the partners listed below. Due to the confidential nature of the study and the need to protect those individuals who spoke freely in the focus groups, individual names will not be disclosed. A special thank you to everyone who shared their candid thoughts and feedback to create better outcomes for all.

### Community Based Organizations

Androscoggin Home Healthcare & Hospice  
Boys and Girls Clubs of Southern Maine  
Central Maine Health Care  
Common Ties Mental Health Services  
Community Health Options  
Dempsey Center  
Good Shepherd Food Bank  
Greater Rumford Community Center  
Healthy Androscoggin  
Maine Center for Disease Control & Prevention  
Maine People's Alliance  
New Mainers Public Health Initiative  
Oxford County Mental Health Services  
Recovery Connections of Maine  
Rumford Community Hospitals  
Safe Voices  
Seniors Plus  
St Mary's Hospital  
Stephens Memorial Hospital  
Sweetser  
Tri-County Mental Health Services  
YMCA of Auburn-Lewiston

### Faith based Organizations

Catholic Diocese of Portland  
Rural Community Action Ministry  
Center for Wisdom's Women

### Educational Institutions

Auburn School Department  
Bates College  
Lewiston School Department  
Oxford Hills School District  
Promise Head Start  
RSU 10

### Public Sector

Androscoggin County  
City of Auburn  
City of Lewiston  
Lewiston State House Representative  
Lewiston State Senator  
Town of Rumford

### Private Sector

LA Metro Chamber of Commerce  
Law Offices of Sherman & Worden  
Oxford Hills Chamber of Commerce  
Healthcentric Advisors

## Key Findings

Results point to a clear need for a more comprehensive plan to address the current needs of the community surveyed, the most vulnerable of citizens who live and work in Androscoggin and Oxford counties. Addressing concerns through the current framework within Community Concepts will undoubtedly move to produce a more sustainable and safe living environment for the individuals and families that we serve.

The largest need, as assessed through these recent surveys, interviews and forums, is the need for mental health and substance abuse programming. The lens through which people view their community is currently blurred by the lack of programs and attention given to mental health and substance abuse issues. This, in turn, is creating fear amongst community members, feeding the stigma of mental health and substance abuse as a root cause and driver of poverty.

Third priority only to mental health and substance abuse is lack of access to reliable transportation. It is noteworthy that transportation is intertwined with every need identified, including mental health and substance abuse. Respondents conveyed that without transportation it is nearly impossible to keep a job, get to job skills training, attend medical or mental health/ substance abuse treatment and to realize potential opportunities that Community Concepts offers. Access to transportation is a key priority need.

Limitation and access to public transportation was also described as critical concern. Respondents spoke about the challenge of being allowed to carry just 2 bags onto the bus, hindering grocery shopping and laundry. Respondents shared that many times they are unable to meet the needs of their children. Bus schedules do not fully address community need, inhibiting the ability to meet basic needs; attending medical appointments, getting to and from work and meeting basic family needs. In the more rural areas of the counties served, buses are not available at all, transportation options are near non-existent leaving limited access to programs, services and vital life needs.

Maine places 9th in the nation among states where there is a large gap between what a typical renter earns and what is needed to comfortably afford a 2-bedroom apartment. Costs associated with heating homes during long Maine winters--especially those without proper weatherization--can increase this financial burden. The National Low- Income Housing Coalition's most recent annual report shows that Maine has one of the least affordable rental markets in the country. It is not a surprise that 4<sup>th</sup> among the identified top priority needs is affordable housing and home repairs.

Last and certainly not least, in order of priority, the community expressed that they either have been unemployed or underemployed long-term and struggle to find jobs that match their existing skillset, or they need to work multiple part time jobs to make ends meet. Likewise, many employers in a range of industries and sectors say they cannot find skilled workers to fill their current job openings.

Today there is a skills-gap between employee and employer need. The solution to this problem can begin with addressing education and training needs to fill this gap.

## Access to Mental Health



Mental health affects all segments of the population, regardless of age, socioeconomic status, race/ethnicity, or gender. Research shows that mental illnesses are common in the United States, affecting tens of millions of people each year. Estimates suggest that only half of people with mental illnesses receive treatment. As an identified priority need to address, our community need for mental health resources and attention is great, needs are not being met. Community resources do not match need in available providers, transportation to providers, funding for help and the general over-all obstacles to overcoming the stigma of mental health.

Poor mental health contributes to a number of challenges that affect both individuals and communities. Mental health conditions, when left unmanaged, may affect an individual's ability to form and maintain relationships with others, cope with challenges, and lead a healthy and productive life. Individuals with serious mental illness (e.g., major depression or schizophrenia) are at a higher risk of developing other medical conditions, including cardiovascular disease, diabetes, stroke, and Alzheimer's disease. While the reason for this link is unclear, research suggests that those with mental illness may experience more barriers to medical care and prevention strategies and may find it harder to care for themselves.<sup>x</sup> More than 25% of adults with a mental health disorder also have a substance use disorder; this comorbidity occurs more among adults with depression, anxiety disorders, schizophrenia, and personality disorders. While mental health conditions may lead to drug or alcohol use, the reverse may also be true—the use of certain substances may cause individuals to experience symptoms of a mental health disorders.<sup>xi</sup>

Identified Need: Mental Health Services
Community Level: There is a lack of mental health providers in our community.
Family Level: Individuals do not have access to mental health services.
Agency Level: Community Concepts does not have the resources to provide appropriate mental health services.

The ratio of available clinicians to patient need shows a need for greater resources to help meet need-

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**1,141 to 1 Patient to Clinician Ratios in Androscoggin County**

**1,589 to 1 Patient to Clinician Ratio in Oxford County**

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## Addiction/ Substance Abuse



The Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that 8% of adults in the United States have had a substance use disorder in the past year.<sup>xii</sup> Tobacco, alcohol, marijuana, and nonmedical use of prescription pain relievers (e.g., OxyContin, Vicodin) are the leading causes of substance use disorders for adults.<sup>xiii</sup> Those with substance use disorders often face a number of barriers that limit access and hinder engagement in care; one study estimates that more than 50% of individuals with mental health and substance use issues are not engaged in needed services.<sup>xiv</sup> The opioid crisis has reached epidemic levels within the United States and is a crisis in Maine.

Barriers to care for those with addiction problems include a lack of education, awareness, and understanding around the signs, symptoms, risk factors, and consequences associated with substance use, social stigma, and workforce shortages. Statewide, many forum participants and key informant interviewees identified gaps in access to substance use treatment and recovery services. Finally, those who are uninsured or underinsured are more likely to face barriers to care, and historically, coverage for substance use services are less comprehensive than for physical health services. This is further complicated by the cost of co-pays, transportation, and medications, even for those who are eligible for free or discounted services, or for those with commercial insurance—many private substance use treatment providers do not accept insurance and require cash payments.<sup>xv</sup>

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*Professionally, I see a lack of availability and funding every day. We have grant funding available for a select number of services, but the working poor are getting lost in the cracks and landing in the emergency services, which does not address the root cause. -Survey Respondent*

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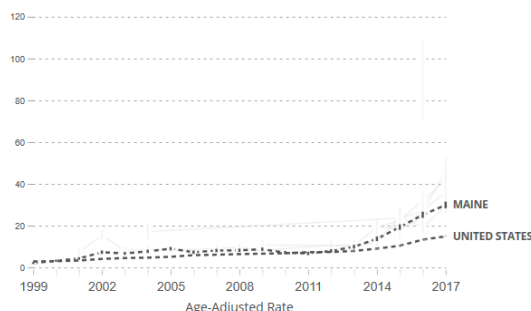
### Identified Need: Addiction/ Substance Abuse

Community Level: There is a lack of substance abuse services in our community.

Family Level: Individuals need substance abuse counseling and treatment.

Agency Level: Community Concepts does not have the resources to provide appropriate substance abuse services.

Opioid Deaths per 100,000 Pop.



Opioid Drug Deaths- A Maine Epidemic

## Transportation



Many residents in western Maine lack access to a vehicle, 1 in 11 households in this area do not own a car. Others are unable to drive because of age, disability, fatigue from treatments or the costs associated with getting private transportation and a driver's license. Residents in these circumstances rely heavily on family and friends but because of the cost of missing work and time involved, transportation access and help getting rides is not reliable. Even with access to a car and driver, the regular demands of medical treatments for some pose a challenge for working families trying to make ends meet. In the rural areas that we serve, combined with large geographic distances to travel and limited infrastructure for public transportation, getting from *here to there* is problematic for patients and their caregivers/drivers. Higher gas costs, tolls, vehicle wear-and-tear, fatigue, time and missed wages all contribute to a significant financial burden. The responses regarding transportation as a top need illuminate challenges and concern for the resources needed to make our communities more accessible to those who do not have or cannot drive private vehicles.

Missed medical appointments due to lack of access to transportation pose a vital public health concern. In the United States, 3.6 million people miss or delay at least one appointment each year because of their inability to overcome transportation barriers.<sup>xvi</sup> Missed medical appointments are associated with delayed care for patient illnesses and chronic health conditions, lack of specialty care, and increased visits to emergency departments, all of which are harmful to patient health outcomes.<sup>xvii</sup>

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*We need a better transportation grid so people can more easily access education, employment, health and other services. -Survey Respondent*

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Identified Need: Access to Transportation
Community Level: There is not enough safe and reliable transportation in our community.
Family Level: Individuals need transportation to meet their everyday needs.
Agency Level: Community Concepts does not have adequate resources to provide safe and reliable transportation to all who need it.

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*As part of the 2017-2018 Hanley Leadership Development Program, health professionals examined transportation as a barrier for rural Mainers and developed solutions based on research of transportation models nationwide. This report was focused on Kennebec County but research on promising models is useful to Androscoggin County as well.*

*The Problem:*

- *Local Hospital and clinic no-show rates to medical appointments: 10-15%. Women, Infants and Children Nutrition program (WIC) reported a no-show rate of 15-25%. National no-show rates from 5-30% for medical appointments (Source #1).*
- *Cost of missed appointments nationally ~\$200 per missed appointment (1).*
- *One Lewiston hospital estimated \$350,000 in lost revenue per year due to missed appointments (1).*
- *Public transit funding lags behind other states. Maine spends \$0.82/person. VT spends \$4/person and the national average is \$10/person (1).*

*~Retrieved from "Improving Transportation for Better Health and Wellness in Rural Maine."*

*Daniel Hanley Center for Health Leadership*

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## Affordable Housing



Across Maine, there is a shortage of affordable and available rental housing available to extremely low-income households. Housing is scarce for those whose incomes are at or below the poverty guideline or 30% of their area median income. Many of these households are severely cost burdened, spending more than half of their income on inadequate housing. Severely cost burdened, poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.<sup>xviii</sup>

There is simply not enough supply of rental homes to meet the demand of renters. In 2017, 64% of the housing units in Androscoggin County were owner-occupied. This percentage grew from the previous year's rate of 63.6%. This percentage of owner-occupation is higher than the national average of 63.9%.<sup>xix</sup> In 2017 in Oxford County, 79.9% of the housing units were occupied by their owner. Though this percentage declined from the previous year's rate of 80.1%, the percentage of owner-occupation is far greater than the national average of 63.9%.<sup>xx</sup>

Mainers have less than half the supply of affordable rental homes to meet the needs of extremely low-income renter households (defined as living in poverty or earning less than 30% of area median income), leaving more than 20,000 families without affordable shelter as 54% of households in Maine cannot afford to purchase a median home in 2017.<sup>xxi</sup>

Identified Need: Affordable Housing
Community Level: There is not enough safe and affordable housing in our community.
Family Level: Individuals need safe and affordable housing.
Agency Level: Community Concepts does not have adequate resources to provide safe and affordable housing to all who need it.

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*I feel as though unless we can actually fix housing, foundations of basic living will continue to decline. – Survey Respondent*

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## Jobs Skills/ Training



The Lewiston- Auburn area of Androscoggin County has historically been an immigrant community, particularly for people of French-Canadian descent who came to the area to work in the textile mills. Recently there has been a population resurgence in the community by immigrants from war torn countries in Africa and the Middle East. The work experience for new immigrants is different, workplace needs have shifted from mill work to office work. Skills needed by immigrants today to assimilate into the workforce are far different than those of the French Canadians, creating a disparity of employment opportunity. There are many reasons for this disparity, including lack of a United States work history, lack of credentials needed for the types of jobs in the areas needed, lack of understanding employer culture and expectations, language barriers and available transportation to the workplace. Currently, job training programs in the area do not specifically address the cultural barriers and skilled training needs of the new immigrant population. English language/ESL classes are at capacity and the vocabulary taught is not industry-specific.

Employers struggle to fill open positions to meet the demand for a trained, skilled workforce and federal job training funding (WIOA) has been significantly cut in Maine. Cuts have reduced funding for employment counseling and support services needed for individuals with barriers to employment. Career Center services have shifted to a more self-directed and on-line model. This is challenging for individuals who don't have computer literacy skills or access to a computer. In some cases, a translator is needed. Employment grew in Oxford County from 2016 to 2017 at a rate of 1.94%, from 25k employees to 25.5k employees. The most common job groups, by number of people living in Oxford County are Office & Administrative Support Occupations (3,071 people), Sales & Related Occupations (2,246 people), and Construction & Extraction Occupations (2,121 people).<sup>xxii</sup> While the economy has improved nationally, still, the unemployment rate in Oxford County remains higher than the statewide average. Many low-income residents are caught in a cycle of seasonal hiring and layoffs or contracted temporary work and are not on career paths providing economic self-sufficiency and full time, year-round employment.

Identified Need: Jobs/Skills Training
Community Level: There is an inadequate amount of employment and counseling services in the community.
Family Level: Individuals do not have the skills or training needed to gain employment.
Agency Level: Community Concepts does not have adequate resources to provide jobs/skills training to all who need it.

*I for one am currently working 7 jobs right now. This is no joke. Literally 7 jobs that are per diem, contracted, and part time - but I was only able to provide I work a part time job. We know poor folks are working more than one job to maintain their basic needs of housing, transportation, and food. -Survey Respondent*



## Causes and Conditions of Poverty

In the war against poverty it is crucial to understand the underlying causes of poverty; for only tackling the root of the problem can one provide a final solution to it. This is especially useful to remember when considering that, although poverty is a global issue, there is no blanket cause, therefore, there is no common solution.

The causes of poverty vary from one country to the other and are ascribed to their history, governance and the dynamics of society within it. However; when taking into account each individual case, significant trends in the causes of poverty become evident.

## Conditions of Poverty

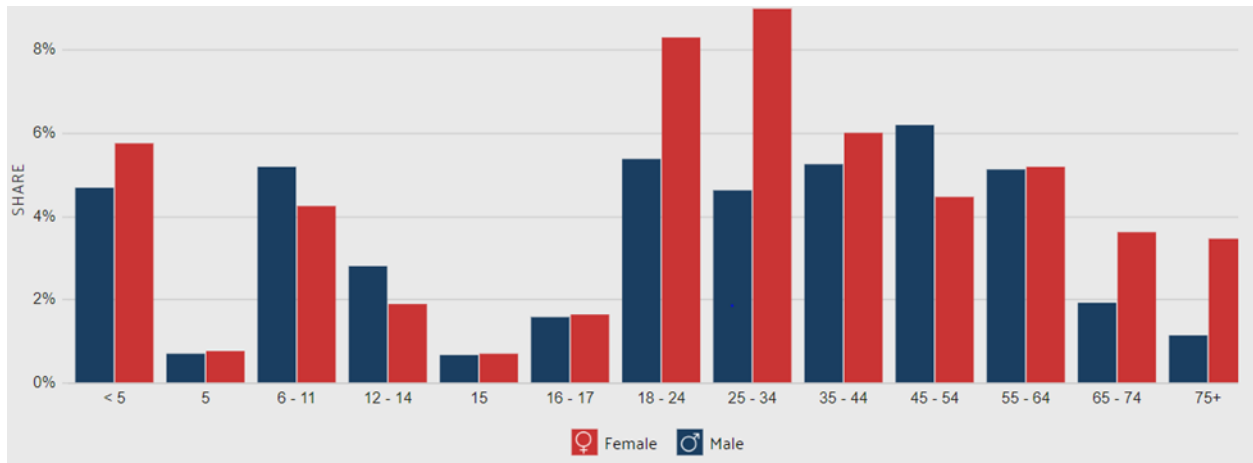
Poverty is a state or condition in which a person or community lacks the financial resources and essentials for a minimum standard of living. Poverty means that the income level from employment is so low that basic human needs can't be met. Poverty-stricken people and families might go without proper housing, clean water, healthy food, and medical attention. Each nation may have its own threshold that determines how many of its people are living in poverty.<sup>xxiii</sup>

The impact that poverty has on children is substantial. Children who grow up in poverty typically suffer from severe and frequent health problems while infants born into poverty have an increased chance of low birth weight, which can lead to physical and mental disabilities. In some impoverished countries, poverty-stricken infants rarely live beyond one year and those who survive may have hearing and vision problems.

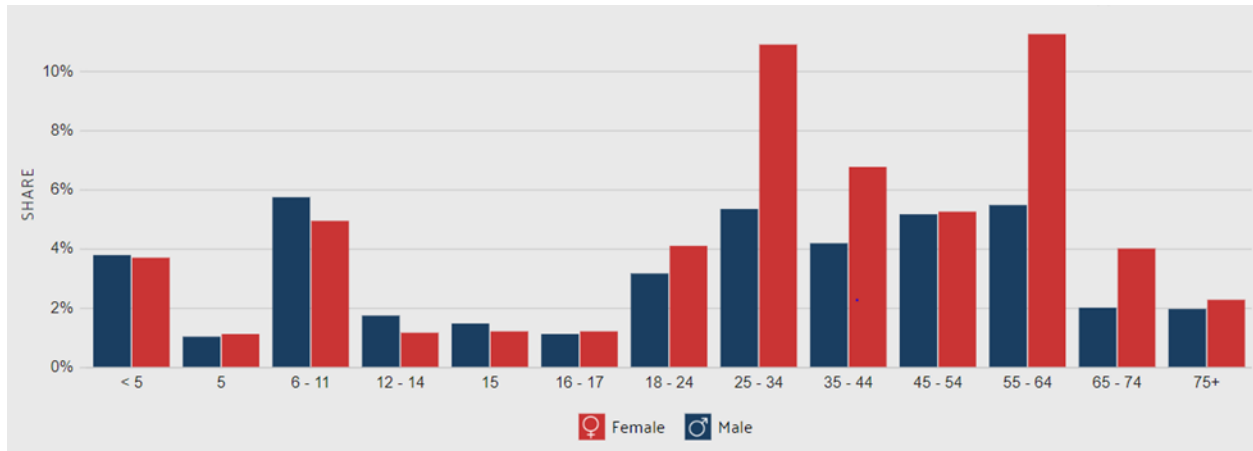
Children in poverty tend to miss more school due to sickness and endure more stress at home. Homelessness is particularly hard on children since they often have little to no access to healthcare and lack proper nutrition—which often results in frequent health issues.

Access to good schools, healthcare, electricity, safe water, and other critical services remains elusive for many and is often determined by socioeconomic status, gender, ethnicity, and geography. For those able to move out of poverty, progress is often temporary. Economic shocks, food insecurity, and climate change threaten their gains and may force them back into poverty.

Poverty is a difficult cycle to break and often passed from one generation to the next. Typical consequences of poverty include alcohol and substance abuse; less access to education; poor housing and living conditions, and increased levels of disease. Heightened poverty is likely to cause increased tensions in society, as inequality increases. These issues often lead to rising crime rates in communities affected by poverty.<sup>xxiv</sup>



Oxford County Poverty By Age and Gender, 2017



Androscoggin County Poverty by Age and Gender, 2017

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*There is a very large gap, huge gap, where people need help but are considered over income. Income guidelines for programs (such as SNAP, MaineCare, Fuel Assistance, etc.) need to be raised. People are struggling. – Survey Respondent*

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## Appendix A: Methodology

This community needs assessment reflects the collective experiences and observations of hundreds of residents in the Androscoggin and Oxford Counties. To gather their input, Community Concepts assembled an internal assessment team. This assessment team was involved in all aspects of the assessment including making decisions on what data to collect, the methods used to collect the data, analysis of the data, and the content and format of the final report. Together, the assessment team gathered internal information on 6 focus groups, conducted an online survey that drew over 250 responses, and interviewed 34 client and provider key informants with firsthand insight into the challenges facing low-income residents. The assessment team analyzed the quantitative data presented throughout this report to create a truly comprehensive picture of current conditions in the Androscoggin and Oxford Counties.

Community needs assessments typically use the approach of gathering data from a convenience sample, which is defined as those most easily accessible to and interested in the topic or community. The following report includes detailed information about the methodology of the community survey, demographics of respondents, and survey data for Androscoggin and Oxford County. An overview of relevant secondary data (i.e., data available through public sources such as the US Census Bureau, the Oxford County Community Health Needs Assessment, the Androscoggin County Community Health Needs Assessment) has also been included to provide comparison points. Additionally, this report contains the qualitative findings from key informant interviews and focus groups.

Secondary data is typically collected by large institutions or organizations and made available publicly. The most well-known example of a secondary data source is the U.S. Census. For the purposes of this community assessment, Community Concepts compiled relevant pieces of secondary data to complement and compare to the survey, interview, and focus group data. The most recent secondary data available were used whenever possible; however, secondary data can often be several years old due to the arduousness of collection across large populations. Additionally, some secondary data are not available on a county level due to limitations in data collection or ethical issues in reporting on issues that affect a small number of persons in a given community. Given that multiple entities publish data on the same issues, it is also possible to find differences in what appears to be similar data. This is often due to slight differences in the reporting period, characteristics of the sample, method of data collection, or other variables. This report includes secondary data that are 1) easily understandable, 2) most relevant to the general community, and 3) from credible, well-respected sources.

To ensure a meaningful sample, a mixed-method survey approach was utilized. A convenience sample was used for the online and paper surveys, and a random sample was used for the phone and mail surveys. The same survey was used across all methods of administration. A total of 453 surveys for Androscoggin and Oxford Counties were gathered across all methods of administration.

### **Online Survey**

The online survey was created and administered through google docs, which was created to disseminate and gather the survey responses anonymously. The community partners were asked to promote and distribute the survey via their own internal staff email, and/ or printing them and distributing to clients.

The list of community partners can be seen under the Acknowledgments. The survey began 3/25/19, and was closed 6/11/19.

### **Paper Survey**

The paper survey was made available at the “Hub” within Lewiston Library and in other locations throughout the community through the efforts of the community partners. If completing a survey at a particular site or event, surveys were collected by a designated person at the site/location and sent in bulk back to the assessment team.

Respondents were asked a series of questions about age, gender, race, ethnicity, income, and education to help assess the comparability of the survey respondents with the general population in Androscoggin and Oxford Counties, as reflected in the U.S. Census Bureau profiles of the area.

With just over 450 people participating in the focus groups and community survey, our sample size for an area with 164,000 people was a bit small. However, we were able to identify trends and learn about the perception of those who participated. The perceptions of people may be and are at times in direct conflict with the secondary data sources. That's why the data team and others have looked at all the data to set priorities and have attempted to find an appropriate balance between the two.

Although significant efforts were made to solicit participation by a broad sample of community members, the survey respondents were largely in order to gain additional insight on the issues addressed in the survey as well as any other topics of concern, key informant interviews were conducted with 34 community members representing a wide range of interests and professions (e.g., business, healthcare, social service, education).

### **Interviews**

To ensure broad representation among key informants to be interviewed, the assessment team pulled a list of key community partners and their email addresses to conduct email interviews. The potential interviewees were then contacted by someone on the assessment team who had the relationship with the partner to explain the process Community Concepts was going through to conduct the needs assessment and what insight they could give to the assessment. All interviewees were asked the same questions concerning their perspective on strengths and needs in the community, both from their unique perspective (usually focused on their profession or position in the community) and in general.

The assessment team reviewed the notes from the interviews conducted, identified themes across the individual interviews, then compared and came to consensus on themes present across all interviews.

### **Focus Groups**

Through the focus group interview we collected data that involved bringing small groups of individuals together who were led through a focused discussion on preset topics of interest. A focus group is typically comprised of approximately 6-12 participants who usually do not know each other in advance, but share a similar characteristic. The data generated from a focus group is qualitative, as it is comprised of the group's opinions and perspectives. The topics covered during a focus group discussion can cover

broad issues (such as general perceptions of the health of a community) or can be more focused (such as on a particular issue, like obesity or access to care).

### **Analysis**

In determining the top five community needs and causes and conditions of poverty, Community Concepts used several techniques. The Results-Oriented Management and Accountability (ROMA) provides guidance on how to analyze assessment data. The following provides a brief description of a few techniques:

Compassion techniques- This process involves looking at areas where community needs are high and community resources are low. Using a chart, comparing each area to all of the others and then counting up the times each area was selected, which helped to identify the priorities.

Trend Analysis-This process considers any emerging trends that may impact on the identified problem or on resources such as new demographics or a gain or loss of resources.

## Appendix B: Survey Questions

### 2019 Community Needs Survey

Community Concepts is conducting a needs assessment to help us determine the current conditions and needs in our communities. Thank you for taking the time to complete this survey – your answers are very important to us and our work!

**1. What is your current relationship to CCI?**

- |  |  |
|--|--|
| <input type="radio"/> Client                   | <input type="radio"/> Volunteer        |
| <input type="radio"/> Staff                    | <input type="radio"/> Board Member     |
| <input type="radio"/> Service Provider/Partner | <input type="radio"/> Community Member |
|  | <input type="radio"/> Funder           |

**2. Town of Residence \_\_\_\_\_ County \_\_\_\_\_**

**3. Your current age:**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="radio"/> 17 and Under | <input type="radio"/> 39 – 50     |
| <input type="radio"/> 18 – 24      | <input type="radio"/> 51 – 61     |
| <input type="radio"/> 25 – 38      | <input type="radio"/> 62 and Over |

**4. How do you self identify?**

- |                              |                                   |
|------------------------------|-----------------------------------|
| <input type="radio"/> Male   |                                   |
| <input type="radio"/> Female | <input type="radio"/> Other _____ |

**5. Ethnicity/Race:**

- |   |  |
|---|--|
| <input type="radio"/> White                           | <input type="radio"/> Hispanic (any race)  |
| <input type="radio"/> Native America / Alaskan Native | <input type="radio"/> 2 or more Races      |
| <input type="radio"/> Asian                           | <input type="radio"/> Other                |
| <input type="radio"/> Black or African American       | <input type="radio"/> Prefer not to Answer |

**6. Highest Level of Education Completed:**

- |   |   |
|---|---|
| <input type="radio"/> Less than High School           | <input type="radio"/> Associates Degree |
| <input type="radio"/> High School / GED               | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Some College / Technical School | <input type="radio"/> Advanced Degree   |
|   | <input type="radio"/> Certification     |

**7. Health Insurance:**

- |   |   |
|---|---|
| <input type="radio"/> I don't have health insurance | <input type="radio"/> ACA Subsidy (Healthcare Exchange) |
| <input type="radio"/> MaineCare                     | <input type="radio"/> Private                           |
| <input type="radio"/> Medicare                      | <input type="radio"/> Through Parent/Spouse             |
| <input type="radio"/> Provided through Work         | <input type="radio"/> Other _____                       |

**8. Family Size:**

- |                             |                                     |
|-----------------------------|-------------------------------------|
| <input type="radio"/> One   | <input type="radio"/> Five          |
| <input type="radio"/> Two   | <input type="radio"/> Six           |
| <input type="radio"/> Three | <input type="radio"/> Seven         |
| <input type="radio"/> Four  | <input type="radio"/> Eight or More |

## Appendix C: Survey Results

**Household Assessment Surveys: Combined Patterns from Maple Knoll and Community Survey** (46 households total) Methods plus Key points organized by HUD Objectives

- **Maple Knoll Household Assessment (HHA)** [24 surveys]

- o Completed by Community Concepts, with questions they developed

- o Goal was over 50% of households at Maple Knoll, and that target was met (and exceeded) by March 2019

- o Data entry and analysis conducted by Professor Emily Kane, Bates College, with assistance from students in several of her courses

- **Community Household Survey** [22 surveys]

- o Due to specifics of Maple Knoll demographics (small unit sizes, small household sizes, small number of families with children) another survey was also conducted

- o Questions were developed by Professor Emily Kane, Bates College, based on the Maple Knoll Household Assessment tool but designed to be significantly shorter and to avoid any questions that would suggest supportive services not available to residents outside Maple Knoll

- o Community Concepts staff identified streets and buildings they knew to include larger units and more families, but otherwise relatively nearby and similar to challenges faced by residents of Maple Knoll

- o Community Concepts staff conducted the surveys, mostly in-person but with a written survey left behind when necessary

- o Goal was a similar number of surveys to balance the number conducted at Maple Knoll, and that goal was met in March 2019

- o Data entry and analysis conducted by Professor Emily Kane, Bates College, with assistance from students in several of her courses

- **Key differences between Maple Knoll and broader community respondents:**

- o Apartment size: about twice as large in broader sample

- o Income: about twice as high in broader sample

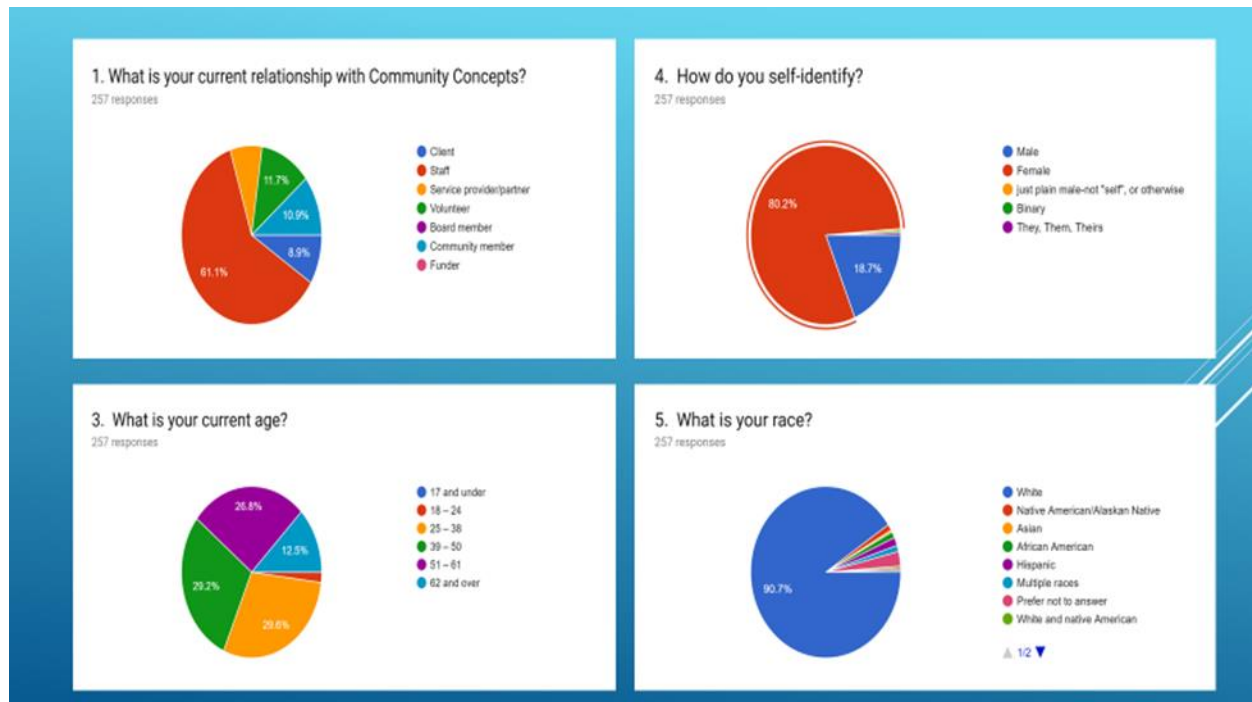
- o Rent: overall rent about 15% higher in broader sample (but Maple Knoll rents heavily subsidized and subsidies not measured in broader sample)

- *Remainder of this packet organized under HUD categories, with only overall patterns offered; See more details of responses from each sample in separate documents*

HOUSEHOLD DEMOGRAPHICS	Maple Knoll	Community Sample
Race	42% African/African-American 42% White 16% Other or not reported	18% African/African-American 73% White 9% Other
Language of Interview	63% English 33% Somali	82% English 18% Somali
Mean age of respondent	40 (range 20 to 71)	37 (range 20 to 60)
Household Composition and Size	67% one adult 4% one adult with child(ren) 8% two adults 21% two adults with child(ren) [if children, average of about 1 per household; 7 total]	23% one adult 32% one adult with child(ren) 9% two or more adults 36% two or more adults with child(ren) [if children, average of about 3 per household; 47 total]

## Results from 215 Survey Respondents

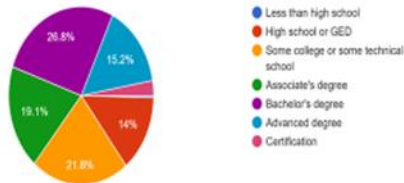
Community Needs Assessment Results							
Needs	Interviews	Forums	CHNA	Board Members	Other	Total	
Mental Health Care Access	5	5	8	9	9	36	17%
Addiction/Substance Abuse	7	11	7	3		28	13%
Transportation	8	7	5	6		26	12%
Affordable Housing/ Home Repairs	11	5	1	3	1	21	10%
Jobs/Skills Training	4	4	4	8		20	9%
Health Care Access	4	5	3	1	2	15	7%
Knowledge of available resources	2	2	0	2	7	13	6%
After school activities/programs	5	3	3	1		12	6%
Food Insecurity	2	2	3	3		10	5%
Family/Parenting Supports	0	7	0	1	1	9	4%
Education beyond High School	3	3	0	0	2	8	4%
Affordable Quality Childcare	2	0	0	4		6	3%
Neighborhood Safety	3	0	0	1	2	6	3%
Life Skills Education	0	2	1	0		3	1%
Heating & Energy Assistance	0	1	1	0		2	1%
Totals	56	57	36	42	24	215	100%





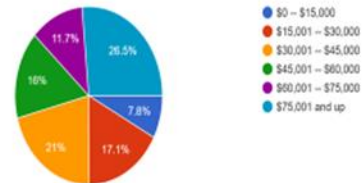
### 6. What is the highest level of education you have completed?

257 responses



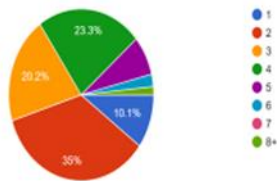
### 9. Household Income

257 responses



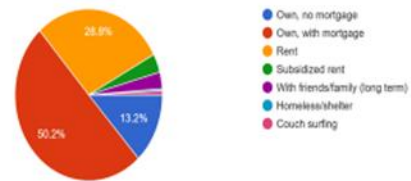
### 8. How many people live in your household?

257 responses



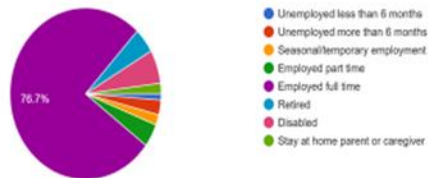
### 11. What is your current living situation?

257 responses



### 13. What is your employment status?

253 responses



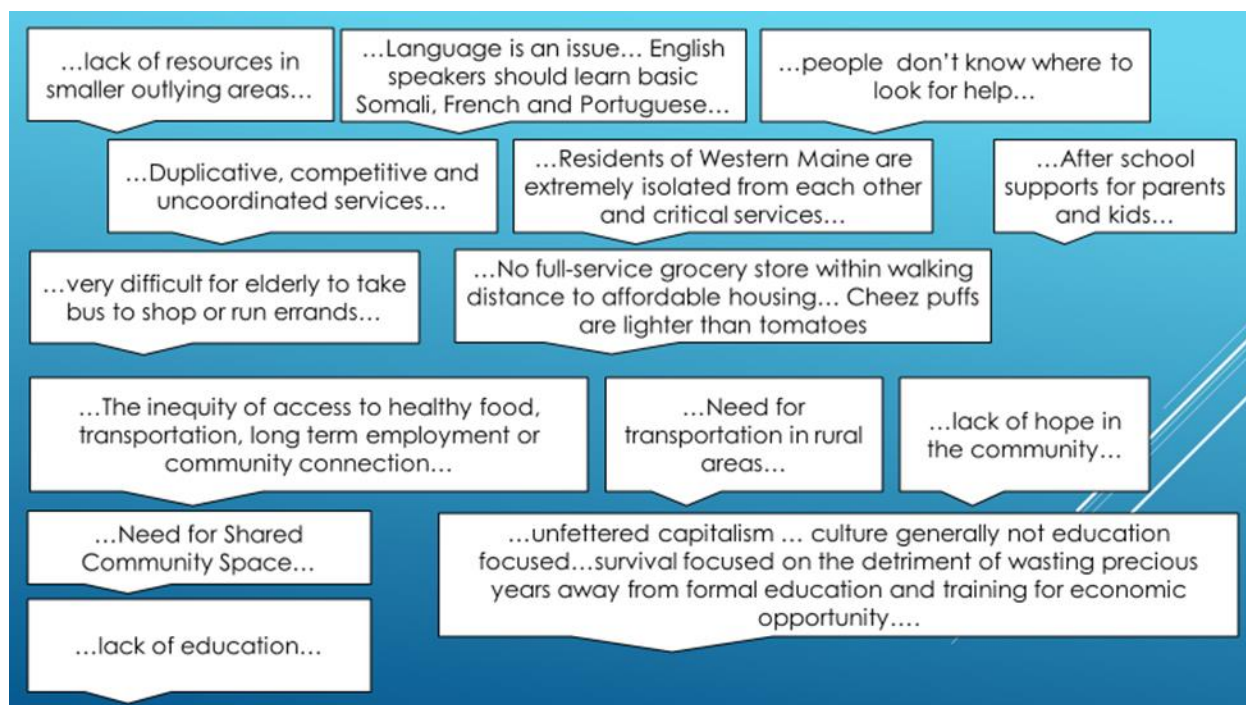
56 Towns  
10 Counties

#### At Some Point:

- 46% have received Heating assistance
- 42% have received WIC
- 56% have received Food Stamps (SNAP)

(Half of the respondents)

97% have some type of Health Insurance  
15% of those are MaineCare  
11% of those are Medicare



## Appendix D: Interview Questions

Community Concepts Inc. conducts a formal Community Needs Assessment every three years as directed by our Community Services Block Grant (CSBG) Organizational Standards. The assessment is conducted by collecting data from people who live and/or work in our communities to determine the top needs of individuals, families and communities in Western Maine.

As a valued member of our community, we would like your opinion. Please take a few minutes to answer the following questions.

1. What do you think are the most important needs in our community and why?
2. What do you think causes these issues?
3. How have these issues affected you or someone you know (either personally or professionally)?
4. Which services in our community are helping to address these needs?
5. Which services in our community could be improved to meet these needs?
6. Which services don't currently exist in our community but would help address these needs?
7. Is there anything else you would like to add?

## Appendix E: Interview Summary

1. What do you think are the most important needs/issues in our community and why?
  1. Life Skills, access to healthy food, safe housing
  2. Childcare. There are no options for affordable and flexible childcare. Families have to decide if it's even worth it to work to pay for childcare. Many make the choice to stay home, which then increases the need for state assistance.
  3. Stigma is a significant driver in marginalizing those we serve. We need to embrace the differences and plan accordingly.
  4. Housing- Lack of and quality of are challenges/barriers. Mental Health support- Homeless/ Substance abuse are challenges.
  5. Mismatch between economic opportunity and status of general workers; limited vision/hopelessness; limited federal resources coming our way
  6. Substance abuse and the lack of resources and programming.
  7. Adequate community resources and transportation. I believe our local community struggles with adequate resources, which has the ripple effect with transportation. There are many recent barriers to individuals obtaining adequate transportation.
  8. Housing; health Care coverage; transportation
  9. mental health and substance use resources needed
  10. Affordable and ample housing.
  11. SUD and mental health issues. Limited resources. Underfunded services. Homelessness. not enough safe and affordable housing available
  12. Lots of drugs, crime, and run down housing
  13. Poverty
  14. Addiction Issues, Trauma Issues, Lack of resources in smaller outlying communities, stigma, lack of understanding, lack of appropriate education
  15. Safe, fun and free activities for our youth. This should offer some positive role models and fun activities for them to do and look forward to rather than roaming the roads and getting into trouble because there is nothing offered.
  16. Lack of jobs/ need increase in wages in residential facilities
  17. We have a significant number of services designed to care for a the medical, behavioral and social needs of our citizens. But many of those services are duplicative and competitive and uncoordinated. Navigation of these system's is difficult for most and not in the best interest of the people seeking care.
  18. Poverty, drugs, recreation activities for kids (especially during summer vacation), transportation
  19. The children are the most important part of our community. The children are our future and they are currently struggling with a variety of issues that are beyond their age groups. Schools lack the funding for after school programs. The GRCC is a wonderful resource but it does not engage all the children and the parents have to have a level of involvement, which can be a struggle.
  20. Access to affordable housing, transportation to medical appointments, and healthy foods
  21. safe housing, food insecurity, transportation, workforce development and trauma. They are the roots of many of our other ancillary issues like substance misuse, lead poisoning, etc.

22. Transportation, it can be very difficult for the elderly to take the bus to shop or run errands.
  23. Transportation - residents of western Maine are extremely isolated from one another and critical services. Health education - residents are disenfranchised from their own well-being and from educational opportunities that could help them overcome a lot of the fear and concern that they hold about their health, health care, and health insurance.
  24. There is a language issue. There needs to be more resources for interpreters and/or classes....in both directions. There should be a place for English speaking to go and learn basic Somali, French, Portuguese to help get by
  25. Transportation
  26. There is a lack of support services in the community
  27. Educational aspirations. Not valuing education as a guiding principle for a healthy community impacts most every other issue: support for early childhood, funding quality K-12, post-secondary attainment, entrepreneurial development, quality workforce, etc.
  28. Safe & adequate housing and access to nutritious food
  29. Housing for General Assistance clients
  30. food insecurity and opioid @ alcohol addiction
  31. Housing - huge shortage
  32. poverty, mental health, safe affordable housing, transportation, child care/early education, workforce training
  33. While I strongly believe that our community has so much to offer in regards to outdoor recreation, healthy food, and community connection- all of which are vital to quality of living, it does not always feel equitable in who has access to these necessities.
  34. There are many health-related needs in our community, including substance use, mental health, access to healthcare, and support with social determinants of health, including transportation, food access, adverse childhood experiences, and social interaction. Substance use, mental health, social determinants of health, and access to care were identified as priority areas in the 2019 Maine Community Health Needs Assessment in Oxford County. These were also found to be themes across the state.
  35. Poverty - Nearly 1/3 of all Mainers are being held back from reaching their full potential representing a significant cost and loss of opportunity for our state.
  36. Opportunities for seniors to socialize; Directory of services for all needs.
  37. Decaying social fabric and the resulting impacts on physical, mental, and emotional health
2. What do you think is the root cause of these issues?
1. Lack of quality education for both children and adults
  2. I'm sure it does cost a lot to open a daycare and pay the bills and the employees. But there has to be something more affordable offered. Maybe if there were more daycares open then rates could be more competitive
  3. Lack of information/education
  4. Drug dependency/Mental illness/ Chronic Disease
  5. unfettered capitalism....and our social constructs on macro level; dominant culture generally not education focused, more entertainment focused and survival focused to the detriment of wasting precious years away from formal education and training for economic opportunity;
  6. Lack of hope in the community. Lack of opportunity. People within the community wanting to close their eyes to issues and just point fingers.

7. Rural area and lack of fiscal resources
8. Systemic poverty
9. funding, lack of community engagement
10. There is not enough safe, affordable, clean housing.
11. lack of funding
12. I'm not sure. Maybe lack of investment in the city. Like if the town doesn't care, why should I.
13. Lack of Education, well paying jobs, generational poverty
14. Lack of funding, lack of education, lack of resources, generational welfare cycles
15. The root cause of children wandering around the roads is lack of appropriate parenting. And I feel, that with chaperoned activities that are free of charge (due to the lack of income in this area) this will give the children a place to go.
16. lack of job opportunity and lack of funding.
17. Competition and funding not matching community needs.
18. Lack of jobs and people willing to work
19. There is a variety of struggles the families are facing from financial, mental health to substance abuse. Children and adolescents are less engaged than they used to be with the real world and peers. I think after school programs are important.
20. Lack of service providers. The cities have public transportation, food banks, and temporary housing/shelters. Often, these services are covered in the rural areas.
21. lack of political will stemming from a national culture of rugged individualism
22. Funding
23. Poverty, under-education, isolation.
24. Lack of access
25. Rural areas/some elderly not being able to drive.
26. Lack of case management, transportation and insurance
27. Long and deep-rooted inability to move beyond 19th century immigration and no preparation for the demise of the mid 20th century mill economy.
28. Poverty
29. Houses do not meet the new Lewiston policy requirement
30. poverty and isolation
31. lack of affordable housing options, those in poverty with prior evictions and/or criminal histories and/or bad credit unable to find housing, long waiting list for section 8, generational poverty & trauma, not enough help (that doesn't require MaineCare or insurance) navigating the housing/rental market. Immigrant families that want to buy but are forced to rent as no Maine lender will offer loans with the interest free loans (fees are built into payments instead) as they do in other states, etc...
32. generational poverty, lack of education, old housing stock
33. The inequity of access- whether it is to healthy food, transportation, long term employment, or community connection seems to stem from disconnection. This is especially alarming because we assume people are more connected due to technology, but we seem to be losing personal connection, which leaves people feeling isolated and unsupported.
34. These issues are impacted by a lack of education/awareness about these issues, isolation, stigma, and a lack of providers.
35. Income inequality, low wages, lack of quality jobs. Companies not wanting to invest here because we don't have enough skilled workers, affordable housing, or affordable child care - which is why no one is staying here or coming here - catch 22.



36. Many elderly are isolated and may also have transportation issues.

37. Mistrust, a switch to increasingly private lives, and a transition from neighborliness to tribalism

3. How have these issues affected you or someone you know (either personally or professionally)?

1. yes

2. I work full time and the majority of my paycheck goes to childcare. It's frustrating. I know a lot of working moms with degrees who have had to make the choice to stay home because it makes more sense financially.

3. It has manifested in implicit bias, discrimination and lack of access

4. Working with Community Care Teams associated with over 30 practices in the region we often see the most neediest of the populations. Obtaining housing is often difficult, waiting lists and quality of housing is difficult. Additionally mental health support and more so crisis support and long term inpatient support is limited resulting in increased homelessness and challenges managing mental health in the community.

5. Limited ways out of creating a sustainable middle class lifestyle requiring two good incomes; not enough available jobs/economic opportunity for people to consider for developing entrepreneurial spirit, or has this been snuffed out of our citizens?

6. I have lost family and friends to substance abuse. It affects almost all of our clients that we serve either directly or indirectly.

7. The work that I do on a daily basis is impacted by this, greatly. I see various individuals not able to access necessary resources and utilize transportation.

8. These issues lead to poor health outcomes with my patients

9. organizations having to close programs, like med management, due to lack of funding. All of those clients needed to be referred to other providers, which was difficult.

10. professionally I see the lack of availability and funding everyday. We have grant funding available for a select number of services, but the working poor are getting lost in the cracks and landing in emergency services which does not address the root cause

11. I provide mental health services in the area, everyone I work with has been affected in some way or another. Slumlords don't take care of the apartments, improper bed bug treatment, a lot of crime and drugs (one of my clients was affected by the shooting at Kennedy Park and has trauma as a result), the list goes on.

12. It's my daily work! We want to help but are only one small piece of the puzzle

13. Yes!

14. I recently had our vehicle robbed by a 14 year old boy who broke into the vehicle and luckily was apprehended. I see youngsters (as young as 8!!) just roaming around, looking bored, then you see them throw rocks, sometimes at cars etc.

15. Some individuals have a hard time finding a job and have to rely on financial assistance programs. The affect it has on me and others I know in order to serve is to work multiple jobs and we still have a hard time to live due to lack of pay increases.

16. Not a new issue we swing with the wind, always coming up with the new flavor of the month instead of coming up with a big tent plan for community planning.

17. Professionally our agency cannot keep up with the demand/need for services. Personally I have family that have chosen to go on state programs rather than find employment even though they are capable of working

18. I work as a children's case manager and it is sometimes a struggle to engage kids. I also have children that would rather go to summer school then stay home for the summer. I have kids I work with who have never been swimming, or seen the flowers of an apple tree. There are

parents with their own struggles and parents that have to work so many hours that the children are spending a lot of time at home in the summer. Most families struggle with money as well, which adds to the difficulty in finding programs.

19. Many patients have been living in unsafe homes, have missed important referral appointments, and continue to eat an unhealthy diet
20. They minimize people's abilities to thrive and capitalize on their potential.
21. I work with a woman who is almost always late for several reasons, transportation didn't show up, costs and weather.
22. I handle the personal effects of these root causes within my family system.
23. In reception we deal with many non-English speaking people. Understanding what they need is nearly impossible sometimes.
24. Client w/dialysis having diff finding transport.
25. Professionally it is evident in our workforce.
26. No full-service grocery store in walking distance to affordable housing means less nutritious food -- and at a higher cost -- than others have access to and means people have to make tough choices when they're riding the bus and walking the last 1/4-1 miles home. Cheez-puffs are lighter than tomatoes.
27. Yes
28. homelessness, constant instability, kids pulled from schools or unable to attend regularly & problems focusing when they do because of the constant instability.
29. limited opportunities, ACEs and resulting health issues
30. Through my work in the community with childcares and preschools, schools and healthcare, there are common themes that emerge of people's inability to know where to look for help or waiting until it is an emergency situation to ask for help. This often comes from assuming no one will understand or care because we are continuously taught that individualism is better than relying on each other.
31. Both. Professionally, these are issues that come up as themes at many community meetings.
32. I see it everyday in my work.
33. Know/encounter many elderly who are lonely/isolated, some in poverty, but not sure where to refer them for assistance for various needs.
34. These issues create the conditions in which diseases of despair (addiction, suicide, mental health crises) thrive, and all of us have been impacted by these diseases either directly, or through those in our circles.

#### 4. Which services in our community are helping to address these needs?

1. I looked into a program that helps pay for daycare. But of course the harder you work to make ends meet, you don't qualify.
2. Many (CCI, HA, TCMHS, Bates College, etc. )
3. Tri-county mental health/St Marys Psychiatric Care. Low income housing options (limited)
4. SCHOOLS from pre-college; substance abuse, mental health, child welfare, physical health care, etc. to help people be on a level playing field;
5. Tri-County MH, Oxford County MH, Common Ground Counseling, etc.
6. I believe everyone is attempting to address these needs, however, there are some needs that until matters get approved through our local government, it won't change.
7. Housing authority, MaineCare expansion, Community Concepts
8. organizations such as OCMHS
9. All service agencies deal with this issue in one manner or another, it is pervasive.
10. TCMHS, CCS, CCI, Lewiston and Auburn PD, all BHH services, Trinity Jubilee center



11. I know the agency I work for has been actively supporting the Opiate Health Home model and working with other community partners to address the opioid crisis. We also provide mental health services and provide community support for housing.
12. WIC, Maine Families, Promise Early Learning Center, WMCA, CCI, Healthy Neighborhoods, St. Mary's, CMMC, etc.
13. Small non profits, = Limited outpatient access, schools, underpaid teachers
14. We currently offer an after school program, but I think that a community based program may get more children involved as its not "staying at school later". The free breakfast and lunch programs that are held throughout the summer in our community has been amazing these last couple of years.
15. none
16. all
17. Mental Health Agencies, River Valley Rising, Resiliency Projects within the school
18. The GRCC offers kids multiple programs and works with families that struggle to pay for the service. The library is not only feeding families that struggle to feed themselves but also starting clubs and groups to give the children activities and social interaction. Adventure Camp is helping kids get out and participate in activities that they may never have had the opportunity to do otherwise.
19. Community Concepts has been very helpful. Also, Tri-County Mental Health Services.
20. Food pantries, bus system, community care teams, CCI's work, head start, school system, local business. We have many systems but we need to better connect them and prioritize those with best return on investment.
21. I'm not sure.
22. AAAs, broad/low-barrier transportation services, state benefit programs, adult education that is low-cost and accessible across the region.
23. None that I am aware of that don't cost a lot of money (college)
24. Clients are saying comm concepts have run out of money as is WMTS
25. ACT teams, Addiction services
26. Too many to list but none reach the root cause.
27. L/A has a strong food council presence and organizations working collaboratively on this issue.
28. Healthy Androscoggin, MEP, IRCM
29. RVHCC and Wellness Collaborative
30. both cities are building new housing developments, but the need is so great...
31. DHHS, DOL, Head Start, Healthy Neighborhoods, TCMHS
32. The programs offered through Community Concepts like Head Start and Family Groups are essential to bringing families together early in parenting, which can often be an isolating time for families. There are also great programs through local libraries and new connections happening with the school district to help connect families to each other and community resources. Through Healthy Oxford Hills, there are also supportive programs like SNAP-Ed offering cooking classes for both adults and families and reiterating these healthy messages throughout the school year with 5210 Let's Go.
33. Many services address these issues, but there is a lack of awareness of available resources.
34. Non-profits are doing an amazing job, cap agencies are incredible. But they are under-resourced and being asked to do too much.
35. Churches, food pantries, libraries, Community Concepts
36. A number of wonderful social service agencies, a change in the way our schools care for our students, an increasing attention to the social determinants of health by our healthcare systems

5. Which services in our community could be improved to meet these needs?

1. Assistance for a wider range of people. It seems like people try less to receive more. I have a college degree, make a couple of dollars more than minimum wage, work full time, and all of my money goes to childcare and healthcare. I don't qualify for anything. There has to be something to help these hard working people who bust their asses and don't just sit and collect
2. We all need to improve in this arena and collaborate with time, talent and resources to best meet needs and build healthy communities
3. Expansion of inpatient mental health facility opportunities/ expansion of housing and quality housing for low income community
4. Health and behavioral health/sub abuse in economic crisis, resources need to be added to make sustainable or the safety net will not be here; guess this means attention to infrastructure!
5. SA should be addressed at every organization.
6. Increased finances, and more service providers.
7. Public Transportation system/access
8. collaboration among behavioral health providers
9. our 2 large hospital systems. They need to be more involved and invested in social determinants of health
10. Better landlords or support for them to clean up their homes, support w/ drug abuse, Drs need to be held accountable. I still know Drs in the area who are giving people opiates even know there is a known history of the person abusing opiates.
11. We really need all these folks to work together and better collaborate and refer!
12. The community center needs to allow people who can not pay the fees though it's doors and offer mentoring, skill building, parenting classes, a clean safe environment for children of all ages,
13. Unsure.
14. Talk to the state to address these issues.
15. all
16. Public transportation, Logisticare reliability, more providers in schools and public sector
17. Doing more afterschool programs of summer programs associated with the schools. Having a learning base but a fun activity component. Summer programs that help kids make up absences, learn something, and have some fun. It is hard to know how to reach all the children that could use this but I think that would be helpful.
18. All of them. If there is a main branch, there needs to be folks who can travel/cover all the rural territory.
19. More trauma informed approaches, a better resourced and coordinated transportation system, expanded workforce development efforts, and more public health primary prevention strategies
20. I'm not sure
21. Transportation and home repair funding that is diverse and solvent.
22. A cheaper language line(interpreter).
23. more accessible inexpensive transport
24. See above
25. A coalition of providers focused on community-wide dialogue on the topic of transforming to a community that values being educated.
26. I believe in access to local food for all, but local food is not often the most affordable for those who are on a limited income or have to make an extra stop (farmers market or farm stand). Easily-available, nutritious food should be a priority for all areas of the region, whether or not it

is locally grown. (Though I am impressed with the local ag movement, particularly in the immigrant community.)

27. More employment opportunities
  28. Hold existing landlords accountable for better maintaining existing stock. Lots of complaints about cockroaches, bedbugs, broken plumbing, lead, asbestos, and a host of other unsanitary conditions
  29. case management, community college
  30. Earlier interventions for families struggling to make ends meet. Although, it sounds like there are many opportunities through Community Concepts to provide support to people in the community.
  31. Transportation services could be improved, which would have an impact on many of the above issues. There is also a need for more free community events.
  32. More navigation/resource support for low income Mainers. DHHS and DOL need to be significantly better resourced and managed. Hopeful with new administration.
  33. Knowledge - online and in print, e.g., a brochure or brochures.
  34. More community events: neighborhood block parties, pot lucks, senior gatherings, etc
6. Which services don't currently exist in our community but would help address these needs?
1. transportation for rural areas
  2. Reliable transportation, low barrier housing, detox facilities
  3. Expanded long term inpatient mental health supports/ Expanded housing
  4. Better transportation grid so people can more easily access education, employment, health and other services
  5. We need day programs, detox, and shelters that will take people suffering from this disease.
  6. Health insurance coverage
  7. could use psychiatric services- emergency behavioral department, psychiatrists, psych NPs. I don't see that EVER happening in our rural town. Too expensive. Would take away from our hospital's critical access status. But it would be really nice to have someday.
  8. low barrier housing,
  9. I'm not 100% sure about the success rate this point but the drug court in Augusta and the MH court in Augusta have been successful from what I understand. I think we need to get more creative about our approaches.
  10. We need more interpreters and transportation services.
  11. Community Center with resources like mentoring, ADL training, big brothers big sisters, positive after school support for parents and kids, work skills programs, significant inpatient addiction supports, outpatient groups, recovery centers, in depth recovery groups,
  12. Unsure
  13. none
  14. I don't think we really know. A real assessment of resources both publicly funded and privately funded could help.
  15. Community pool in Rumford
  16. I wish we had more learning based programs, where the kids could learn and have fun. When I was a little girl Rumford had a place, indoors, where kids could dress up and play. I would love to see like a Children's museum that can focus on learning through play. This would be helpful for children with autism as well because it could included sensory activities.
  17. Any time of support group, for ex. NAMI. There are not enough groups in the rural areas.
  18. Transportation and home repair funding that is diverse and solvent. We need to keep people in their homes and connected with one another.

19. Currently we use Catholic Charities for at least \$50.00 minimum, regardless if they are here 5 minutes or not at all
  20. Addiction services
  21. Greater access at pantries for local residents (i.e. more hours of operation, more frequent days) and more points of access (i.e. community centers, libraries, post office, places where people are already congregating).
  22. Look up Factory Ministries in PA. We need this here. Case management is not enough. People need relationships with other people that care, and can "bridge" for them as they get out of poverty, and locate housing options in other cities if the housing stock availability can't meet existing need.
  23. more mental health services particularly for children and families as a whole, special education
  24. Reliable and affordable transportation! Accessible community centers that support healthy choices and serve as a safe place for people to connect.
  25. I have heard at many meetings that there is a huge need for a shared community space or community center.
  26. Holistic services for families - case managers/navigators that stay with a family and are their point person for everything.
  27. A senior drop-in center.
  28. An accessible community center
7. Is there anything else you would like to add?
1. no
  2. Thank you for your leadership in this important work!
  3. N/A
  4. Even though the issues are largely macro due to US economy/capitalism, etc. we do need to do the best we can to assist our community's members to have opportunities and well enough to take them!
  5. No
  6. We need funding to have medical and behavioral health services under one roof.
  7. I am really looking forward on moving out partnerships forward and making a difference for the families we serve.
  8. This community could do great things.
  9. The other issues I have is the high increase in drugs and needles being found everywhere and personally I have no kids but that is very concerning to me because kids don't have the brain development or capacity to process what to touch and not to touch and the exposure rate for these innocence children are at high risks to diseases transmitted by the drug needles on the walking paths, track and field, local bridges and street corners that has been reported not only on facebook and other social media and personal told to me in personal conversations due to my friends having children. Thank you for listening to my concerns <3
  10. Our community is doing a great job at helping to meet the needs of children and families. I just know that some kids are not benefited by these programs due to transport, supervision, and means to pay. I think the school is a great way to access things for children that eliminates a lot of barriers that parents face.
  11. Thank you for asking.
  12. nope
  13. Thanks for all you do.
  14. There may be many other services out there that we know nothing about because either information is not shared or a lack of knowing that they even exist. Many times knowledge of services is helpful for reception to be sure people are sent in the proper direction.

15. not at this time

16. N/A

17. More Bridges out of Poverty work and buy in from both cities is needed. Investment in housing and mixed income developments by responsible landlords is needed.

18. I appreciate being included in this survey. Please send the Community Needs Assessment out to this list when it is complete.

19. no thank you for asking

## Appendix F: Focus Groups

Focus Group – South Paris

1/22/19

1. How is the collaboration with Community Concepts (CCI), Children's Services, and you?

PHN & Legislative Rep.

Works with Me Families Safe babies Court – meets with Me Families a few times a year. Has been working with them for a year.

Wishes we had a stronger collaboration between CCI and PHN – thinks it happened because PHN had dwindled down staff. Now are rebuilding that. Looking to get in and have a presence.

Maternal Ch. Health nurses – need a point person and a relationship with CCI to be able to connect their clients to our services. Thinks there are currently 20 families we both serve. Had one family they collaborated with. Would like to strengthen collaboration with CCI.

What would we like from PHN? Work with High risk families. No age-limit. If there is a need they filter it through their cradle me service. No eligibility req't's. for PHN services.

\*Really great relationships with CCI in general.

Nutrition Education and SNAP

Preschool in ROWE and TSG

Wouldn't trust my child anywhere else, research based materials, brain needs to be nurtured, my daughter is amazing because of your program. School and CCI together.

2. Are there additional ways CCI and/or Children's Services can partner with you?

PHN: Now they are increasing in staff – can support with chronic lice situations, etc.

PHN's need education on what CCI has to offer for services. Pamphlets, etc.

Would love to do site visits and meet staff to know who to refer to families to.

3 day event put on by PHN we could go to and describe our program.

Healthy Oxford Hills could partner more with children's services with Cooking Matters (6 week course)

And 10 – Tips cook book, groceries with full meal ingredients.

Encourage more with adults in Children's Services and with other parts of CCI (Family Services).

Tobacco support, substance use prevention

Food insecurities in public schools is an issue (Rowe)

Be proactive – challenge how much information to share

3. In what ways can we reach the eligible families and children we can serve that we are not currently serving?

Word of mouth. Pamphlet with contact number PHN's could share with families. Social media.

Recruitment: Doctor's offices

Community Outreach

Incentivise parents to attend meetings – food

Hollie will support connecting us with Obgyn offices  
Western Me Peds & SMH

4. Do you have concerns about unmet high-needs in the community? Such as low attendance in school, housing, opioids, e-cigarettes, juuling?

Addiction – there can't be enough support for these families. Important to get in there early – doesn't know how to do it. Lacking providers in the area – challenged to attract the providers we need. Peer support groups have been established in Bridgton at the recovery center-hospital is right there to connect people to who need additional services. Peer to peer groups at Head Start could support with this need.

PHN seeing young parents (15-26 years old)

How to support families before it gets to a CPS referral

Transportation

Food insecurity

Heat – churches can help, towns can support with this need-town office.

SAD 17 district

Resilience=ACES Trauma effected families across the board

No jacket today (-15 degrees)

Transportation = low attendance or parents not organized to get child to school. Anxiety?

Families living in motels, transient due to housing issues and lack of shelters.

Drug use by parents – children finding parents overdosed.

4 zones of regulations=ACES

Domestic situations needs to be added

5. Are there community needs that need to be addressed and do you have suggested strategies to meet these needs?

Still new as a PHN – first year of being one – doesn't have strategies really yet.

Healthy Oxford Hills can help present education about e-cigarettes, juuling, etc.

Bridges out of Poverty training for public school. ACES trainings for all teachers. Donna Beegle training

6. Can the community support family needs being recognized in schools and at our sites? Such as, Opioid dependent babies, Adverse Childhood Experiences (trauma), social and emotional skill development, and mental health concerns?

Mental Health First Aid – a good resource

Trauma effected families – more training needed

Trauma training

ACES training

Early Prevention Strategies

Youth Development Trainings

Not enough Mental Health Consultants for children

Not enough capacity – substance abuse

Some people with a narrow view of the responsibilities they have to children  
Case management

7. What services can we offer to meet the community's need that we are currently not providing?

Referral sources – and being ready when families are ready to support them with services: case mgt., SA resources, MH services when the window is open (family is ready for services) it is often not available or there is a waitlist for the service.

When families are working with DHHS they operate from fear – how can we get there before it gets to that level.

Grandparents raising grandchildren. Grandparents who enable parents to not be accountable for their children. What else is needed to support with this. How to take care of your grandchildren without bailing out the parent. Parent Trainings.

Peer to peer support groups. Could be grandparents.

Recovery Center will be opening in Rumford for SUD

Kinship Care – State group – families have to travel at this point.

Trainings – SACC Director wd like youth dev. trainings – lacking here.

Bridges out of Poverty – frequent reminders – inoculation -offer it consistently

ACES training

Trainings for all staff from collaborative partners

Focus Group Chisholm

January 23, 2019

1. How is the collaboration with Community Concepts (CCI), Children's Services, and you?

Healthy Oxford Hills- the collaboration is great.

Wonderful, have a great relationship.

Miki Skehan (Western Foothills Kids Association)-Hasn't had a lot of connection with Head Start due to the age group they serve. Applying for a grant under CCI to bridge connections.

Region 9 would love to be a better partner. Would love to help in any way they can. Very structured from what they used to be – changes may be happening so in the future may be able to offer some educational services.

Shannon - PHN-attended the focus group last night – has clients all over.

2. Are there additional ways CCI and/or Children's Services can partner with you?

Healthy Oxford Hills – would like to partner about adult services

Miki Skeehan- nothing add'l to add. Will work with Jana at Chisholm some more – of they get the grant they are applying for they will be partnering more.

Offer trauma training to after school staff.

Shannon-PHN-having an that outreach person that would help.



3. In what ways can we reach the eligible families and children we can serve that we are not currently serving?  
Mexico Food Pantry will share pamphlets for us.  
  
Region 9 also willing to share pamphlets for us.  
  
Miki Skeehan-if they get the grant – they will have opportunities to offer events to families with multiple aged children.
4. Do you have concerns about unmet high-needs in the community? Such as low attendance in school, housing, opioids, e-cigarettes, juuling?  
All of the above for everyone. Low attendance - RSU 10 is a tier 3 school – a lot to do with low attendance. Transient population and transportation and housing issues. 1/3 of housing is vacant.
5. Are there community needs that need to be addressed and do you have suggested strategies to meet these needs?  
Transportation, attendance, housing, food security.
6. Can the community support family needs being recognized in schools and at our sites? Such as, Opioid dependent babies, Adverse Childhood Experiences (trauma), social and emotional skill development, and mental health concerns?  
Resilience Training  
  
Paper Tigers documentary film  
  
Oxford County Mental Health got a grant and they are working with pilot schools to address needs.  
  
Teachers in public schools having more training in ACES.
7. What services can we offer to meet the community's need that we are currently not providing?  
  
Availability of more transportation  
  
Cards with a list of what CCI offers as an agency.

CCI used to have a resource guide they provided with all area resources.

211 is kept up to date – as a comprehensive resource.

CCI website is a link to all our services.

Could Liheap have a rep. come to the Rumford area take apps. for the program?

## Appendix G: Additional Statistics

Rate of Food Insecurity				
Area	Total Population	Food Insecurity Rate	Food Insecure Children Total	Percentage of Food Insecure Children Ineligible for Assistance
Androscoggin County	107,317	14.20%	4,650	19.80%
Oxford County	57,230	13.40%	2,350	21.00%
Feeding America, 2017				

Children Eligible for Free/Reduced Price Lunch			
Area	Total Students	Number Free/Reduced Price lunch eligible	Percent Free/Reduced Price lunch eligible
Androscoggin County	16,003	10,370	65%
Oxford County	9,037	5,630	62%
Kids Count			

Population Receiving SNAP Benefits			
Area	Total Households	Households Receiving SNAP Benefits	%Households Receiving SNAP Benefits
Androscoggin County	45,263	9,357	21%
Oxford County	20,756	4,114	20%
U.S. Census Bureau, 2013-17 ACS 5-Year Estimates			

Kids under 6 with all available parents in the Working

Area	Number	Percentage
Androscoggin County	5,649	74.20%
Oxford County	2,001	66.40%
Source: U.S. Census Bureau, American Community Survey, 2013-2017		

Licensed Child Care Providers		
Area	# of Licensed Family Child Care Providers	Number of Center Based Providers
Androscoggin County	113	52
Oxford County	28	36
Source: State Child Care Provider List 01May19		

\*Includes Head Start

Head Start Programs			
Area	Total Children Under Age 5	Total Head Start Programs	Head Start Programs per 10,000 children
Androscoggin County	6,419	7	0.09
Oxford County	2,604	9	0.03
maine.gov/dhhs			

Uninsured Population by Age Group				
Area	Total (All Ages)	Under age 18	Age 18 - 64	Age 65+
Androscoggin County	9,196.00	1,169.00	8,027.00	-
Oxford County	5,898.00	535	5,308.00	55
Source: U.S. Census Bureau, American Community Survey 2017				

Population Receiving Medicare by Age				
Area	Total (All Ages)	Under age 18	Age 18 - 64	Age 65+
Androscoggin County	20,907.00	217	4,275.00	16,415.00
Oxford County	13,554.00	106	2,771.00	10,677.00
Source: U.S. Census Bureau, American Community Survey 2017				

Children Under age 19 without Health Insurance				
Area	2014	2015	2016	2017
Androscoggin County	1366	1218	930	992
Oxford County	834	611	535	548
Source: Maine Children's Alliance, Kids Count Data Center, accessed May 15, 2019				

Children Participating in MaineCare				
Area	2014	2015	2016	2017
Androscoggin County	14,441	13940	14413	1428
Oxford County	7,192	6904	7225	6888
Source: Maine Children's Alliance, Kids Count Data Center, accessed May 15, 2019				

Access to Primary Care			
Area	Estimated Population (Year)	Primary Care Physicians (Year)	Primary Care Physicians per 100,000 residents
Androscoggin County	107,651	91	85
Oxford County	57,439	34	59
Source: <a href="http://www.maine.gov/dhhs">www.maine.gov/dhhs</a> public health systems			

Access to Mental Health Care Providers			
Area	Estimated Population (2015)	Number of Mental Health Providers (Year)	Mental Health Care Providers per 100,000 Population
Androscoggin County	107,651	481	446.8
Oxford County	57,439	85	283.4
Source: U.S. Census Bureau, American Community Survey 2017			

High School Graduation Rate (Recent Maine Trends)			
Area	2014	2016	2018
Androscoggin County	74.70%	77.60%	75.70%
Oxford County	84.10%	84.20%	84.50%
<a href="#">Kids Count</a>			

Households Unable to Afford Median Home				
Area	%	Total Households	Median Home Price	Annual Income Needed to Afford Median Home
Androscoggin County	48.70%	44,238	\$164,900	\$51,618
Oxford County	51.60%	24,373	\$155,000	\$46,241
Source: U.S. Census Bureau, American Community Survey 2017				

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