



# Maine Shared Community Health Needs Assessment Statewide Survey 2024

The Maine Shared Community Health Needs Assessment is a collaboration between Central Maine Healthcare, MaineGeneral, MaineHealth, Northern Light Health, the Maine Center for Disease Control and Prevention, and the Maine Community Action Partnership.

## About the Survey

Please help us by taking this short survey. There are 40 survey questions and it will take about 10 minutes to complete. Our goal is to learn about the local resources and strengths in your community, as well as the health and well-being of the people who live in your community.

Your survey responses will be kept anonymous and will not be shared with anyone outside of our research team.

## Raffle Prizes

To thank you for taking the time to do this survey, you will have the option to enter a raffle. Ten (10) randomly selected people will each win a \$100 gift card. The contact information you share to enter the raffle will be kept separate from your survey answers.

*Note: Employees and Board members of the community action organizations, health system partners, and MeCDC are not eligible to win a gift card. Gift cards will only be sent through the mail and not as an e-card.*

## Timeline to Complete the Survey

The survey will close at 5:00 pm EST on Friday, June 28<sup>th</sup>, 2024.

## Questions?

Please send your questions to [info@mainechna.org](mailto:info@mainechna.org).

## Survey Starts Here

1. What county do you live in?

- Androscoggin
- Aroostook
- Cumberland
- Franklin
- Hancock
- Kennebec
- Knox
- Lincoln
- Oxford
- Penobscot
- Piscataquis
- Sagadahoc
- Somerset
- Waldo
- Washington
- York

2. What town/city do you live in?

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## Community Health

3. How would you rate **the overall health and well-being of the community where you live?**
- Very healthy (almost everyone around you seems very healthy)
  - Healthy (most people around you seem healthy)
  - Unhealthy (some people around you seem sick or unhealthy)
  - Very unhealthy (mostly everyone around you seems sick or unhealthy)
4. When you **think of the community where you live**, which of the following **strengths** come to mind? (select all that apply.)
- Access to quality & affordable food
  - A healthy environment
  - Clean sidewalks and walkways free from litter
  - Diverse population including people of all abilities
  - Safe opportunities to be active outside
  - Safe neighborhoods
  - Low crime
  - Strong sense of community
  - Variety of languages spoken
  - Availability of affordable & quality housing
  - Availability of affordable & quality childcare
  - Banks & financial institutions
  - Locally owned businesses
  - Community behavioral and/or mental health clinics
  - Faith organizations
  - Human & social service agencies
  - Hospitals
  - Health clinics & doctors' offices
  - Job availability
  - A healthy economy
  - Schools & education for all ages
  - Other (please specify):
-

5. Which of the following do you think are important **social concerns** that negatively impact the community where you live? (choose up to 5)

- Access to primary care providers
  - Childcare
  - Discrimination (based on race, ethnicity, language, gender, sexual orientation, ability, etc.)
  - Educational opportunities
  - Employment opportunities
  - Environmental (public spaces and parks, water and air quality, sidewalk conditions, litter, etc.)
  - Homelessness
  - Housing insecurity
  - Isolation or lack of social connections
  - Lack of community engagement (participation in local organizations or government, voting, etc.)
  - Low incomes and poverty
  - School absences
  - Social and emotional learning delays
  - Lack of transportation
  - Violence and crime rates
  - Quality & affordable food
  - Other (please specify):
-

6. Which of the following do you think are important **health issues** that negatively impact the community where you live? (choose up to 5)

- Aging health concerns (arthritis, osteoporosis, dementia, Alzheimer's, etc.)
  - Cancer
  - Children's health
  - Dental and oral health
  - Diabetes
  - Physical disabilities
  - Cognitive disabilities
  - Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)
  - Heart disease (high blood pressure, high cholesterol, etc.)
  - Immunization rates (measles, polio, tetanus, etc.)
  - Infectious disease (pneumonia, flu, Hepatitis C, COVID, etc.)
  - Injuries (car accidents, falls, concussions, etc.)
  - Mental health issues (anxiety, depression, suicide, etc.)
  - Obesity
  - Breathing issues (asthma, COPD, emphysema, etc.)
  - Sexually transmitted infections (HIV/AIDS, chlamydia, etc.)
  - Tobacco or nicotine use (cigarettes, cigars, vapes, dip, nicotine pouches, etc.)
  - Health issues for people who identify as women (prenatal/maternal health, reproductive health, etc.)
  - Other (please specify):
-

## Health Issues

7. How would you rate your own **physical** health?
- Excellent (I feel healthy almost every day)
  - Good (I feel healthy most days)
  - Fair (I have some health concerns, but I feel healthy some days)
  - Poor (I don't feel healthy most of the time)
8. Within the past year (365 days), have there been 1 or more times when you or a loved one needed **health care** services but **could not** or **chose not** to get it?
- Yes (answer question 9)
  - No (skip to next page)
9. If yes, what stopped you from getting care when you needed it? (select all that apply)
- Did not have health insurance
  - Had health insurance, could not afford care
  - Providers/hospitals did not take my health insurance
  - No childcare
  - Not sure where to go for help
  - Hard to get time off from work
  - No evenings or weekend hours to get care
  - Did not feel comfortable with available providers
  - Providers did not speak my language
  - Concern about my immigration status
  - No transportation
  - Did not feel comfortable seeking help
  - Worried that others would find out about it
  - Long wait times to see a provider
  - Other (please specify):
-

## Mental Health Issues

10. How would you rate your own **mental** health?

- Excellent (Almost every day is good)
- Good (I have mostly good days)
- Fair (I have good days and hard days)
- Poor (Most days are hard)

11. Within the past year (365 days), have there been 1 or more times when you or a loved one needed **mental health care** services but **could not** or **chose not** to get it?

- Yes (answer question 12)
- No (skip to next page)

12. If yes, what stopped you from getting **mental health care** when you needed it? (select all that apply)

- Did not have health insurance
  - Had health insurance, could not afford care
  - Providers/hospitals did not take my insurance
  - No childcare
  - Not sure where to go for help
  - Hard to get time off from work
  - No evenings or weekend hours to receive care
  - Did not feel comfortable with available providers
  - Providers did not speak my language
  - Concern about my immigration status
  - No transportation
  - Did not feel comfortable seeking help
  - Worried that others would find out about it
  - Long wait times to see a provider
  - Other (please specify):
-

Each of the following pages focuses on a topic that may negatively impact you, a loved one, and/or your community.

13. In the chart below, please put a check mark if there are **chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)** that **negatively impact you, a loved one, and/or the community where you live** (select all that apply).

If you select **1 or more** or **'I don't know'** please complete question 14 below.

If you select **'Doesn't have any impact'** or **'Not applicable'** please skip to the next page.

TOPIC	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Chronic health conditions</b>						
	CONTINUE TO QUESTION 14	CONTINUE TO QUESTION 14	CONTINUE TO QUESTION 14	SKIP TO THE NEXT PAGE	CONTINUE TO QUESTION 14	SKIP TO THE NEXT PAGE

14. Please put a check mark in the box if any of the following **chronic health conditions (cancer, high blood pressure, heart disease, high cholesterol, etc.)** negatively impact you, a loved one, and/or the community where you live (select all that apply).

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Asthma, COPD, or Emphysema						
Arthritis						
Cancer						
Diabetes or high blood sugar						
Heart disease or heart attack						
High cholesterol						
High blood pressure or hypertension						
Overweight/obesity						
Stroke						
Chronic liver disease/cirrhosis						



15. In the chart below, please put a check mark in the box if there are **mental health needs** that **negatively impact you, a loved one, and/or the community where you live** (select all that apply).

If you select **1 or more** or **'I don't know'** please complete question 16 below.

If you select **'Doesn't have any impact'** or **'Not applicable'** please skip to the next page.

TOPIC	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Mental health needs</b>						
	CONTINUE TO QUESTION 16	CONTINUE TO QUESTION 16	CONTINUE TO QUESTION 16	SKIP TO THE NEXT PAGE	CONTINUE TO QUESTION 16	SKIP TO THE NEXT PAGE

16. Please put a check mark in the box if any of the following **mental health needs** negatively impact you, a loved one, and/or the community where you live. (select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Anxiety or panic disorder						
Bipolar disorder						
Depression						
Trauma or post-traumatic stress disorder (PTSD)						
General stress of day-to-day life						
Social isolation or loneliness						
Stigma associated with seeking care for mental health or substance use disorders						
Suicidal thoughts and/or behaviors						
Youth mental health						

17. In the chart below please put a check mark in the box if **substance use negatively impacts you, a loved one, and/or the community where you live** (select all that apply).

If you select **1 or more** or **'I don't know'** please complete question 18 below.

If you select **'Doesn't have any impact'** or **'Not applicable'** please skip to the next page.

TOPIC	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Substance use</b>						
	CONTINUE TO QUESTION 18	CONTINUE TO QUESTION 18	CONTINUE TO QUESTION 18	SKIP TO THE NEXT PAGE	CONTINUE TO QUESTION 18	SKIP TO THE NEXT PAGE

18. Please put a check mark in the box if **substance use** negatively impacts you, a loved one, and/or the community where you live. (select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Alcohol misuse or binge drinking						
Opioid misuse						
Tobacco use (cigarettes, cigars, dip, etc.)						
Vaping (also called e-cigarettes)						
Adult cannabis (marijuana) use						
Other illicit drug use						
Youth substance use						

19. In the chart below please put a check mark in the box if **housing needs negatively impact you, a loved one, and/or the community where you live** (select all that apply).

If you select **1 or more** or **'I don't know'** please complete question 20 below.

If you select **'Doesn't have any impact'** or **'Not applicable'** please skip to the next page.

TOPIC	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Housing needs</b>						
	CONTINUE TO QUESTION 20	CONTINUE TO QUESTION 20	CONTINUE TO QUESTION 20	SKIP TO THE NEXT PAGE	CONTINUE TO QUESTION 20	SKIP TO THE NEXT PAGE

20. Please put a check mark in the box if any of the following **housing needs** negatively impact you, a loved one, and/or the community where you live. (select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Housing costs						
Availability of affordable, quality homes/rentals						
Availability of affordable, quality housing for older adults or those with special needs						
Issues associated with home ownership or renting (mortgage/rent payments, taxes, evictions, etc.)						
Health risks in homes (indoor air, tobacco smoke residue, pests, lead, mold, etc.)						
Homelessness and/or availability of shelter beds						
Cost of utilities (heat, electricity, water, etc.)						
Costs associated with weatherization (insulation, energy efficiency, etc.)						

21. In the chart below please put a check mark in the box if **transportation needs negatively impact you, a loved one, and/or the community where you live** (select all that apply).

If you select **1 or more** or **'I don't know'** please complete question 22 below.

If you select **'Doesn't have any impact'** or **'Not applicable'** please skip to the next page.

TOPIC	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Transportation needs</b>						
	CONTINUE TO QUESTION 22	CONTINUE TO QUESTION 22	CONTINUE TO QUESTION 22	SKIP TO THE NEXT PAGE	CONTINUE TO QUESTION 22	SKIP TO THE NEXT PAGE

22. Please put a check mark in the box if any of the following **transportation needs** negatively impact you, a loved one, and/or the community where you live. (select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Access to transportation (for medical appointments, work, basic needs, childcare, etc.)						
Availability of public transportation (buses, trains, ride shares, taxis, etc.)						
Availability of transportation that meets a variety of specific needs (older adults, physical or cognitive needs)						
Costs associated with owning and maintain a vehicle (insurance, registration, repairs, etc.)						

23. In the chart below please put a check mark in the box if **economic needs negatively impact you, a loved one, and/or the community where you live** (select all that apply).

If you select **1 or more** or **'I don't know'** please complete question 24 below.

If you select **'Doesn't have any impact'** or **'Not applicable'** please skip to the next page.

TOPIC	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Economic needs</b>						
	CONTINUE TO QUESTION 24	CONTINUE TO QUESTION 24	CONTINUE TO QUESTION 24	SKIP TO THE NEXT PAGE	CONTINUE TO QUESTION 24	SKIP TO THE NEXT PAGE

24. Please put a check mark in the box if any of the following **economic needs** negatively impact you, a loved one, and/or the community where you live. (select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Availability of quality educational opportunities						
Availability of jobs and employment opportunities						
Availability of high-speed internet						
Availability of quality, affordable childcare						
Ability to contribute to savings, retirement, etc.						
Access to affordable, quality foods						

25. In the chart below please put a check mark in the box if **environmental concerns negatively impact you, a loved one, and/or the community where you live** (select all that apply).

If you select **1 or more** or **'I don't know'** please complete question 26 below.

If you select **'Doesn't have any impact'** or **'Not applicable'** please skip to the next page.

TOPIC	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Environmental concerns</b>						
	CONTINUE TO QUESTION 26	CONTINUE TO QUESTION 26	CONTINUE TO QUESTION 26	SKIP TO THE NEXT PAGE	CONTINUE TO QUESTION 26	SKIP TO THE NEXT PAGE

26. Please put a check mark in the box if any of the following **environmental concerns** negatively impact you, a loved one, and/or the community where you live. (select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Air quality						
Water quality						
PFAS ("forever chemicals") contamination						
Extreme weather events (hurricane, flooding, etc.)						
Access to parks and green spaces for recreation						

27. In the chart below please put a check mark in the box if **public safety needs negatively impact you, a loved one, and/or your community** (select all that apply).

If you select **1 or more** or **'I don't know'** please complete question 28 below.

If you select **'Doesn't have any impact'** or **'Not applicable'** please skip to the next page.

TOPIC	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
<b>Public safety needs</b>						
	CONTINUE TO QUESTION 28	CONTINUE TO QUESTION 28	CONTINUE TO QUESTION 28	SKIP TO THE NEXT PAGE	CONTINUE TO QUESTION 28	SKIP TO THE NEXT PAGE

28. Please put a check mark in the box if any of the following **public safety needs** negatively impact you, a loved one, and/or the community where you live. (select all that apply)

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Pedestrian (walking) or bicycle safety						
Property crime						
Community violence (gangs, guns, street crime)						
Violence between people (domestic, sexual, bullying)						
Racism						
Discrimination based on race, ethnicity, gender, LGBTQIA2S+, age, ability, etc.						

29. What other health or social issues, not listed previously, impact you, a loved one and/or the community where you live? Please list examples.



### Socioeconomic Empowerment

30. Using a check mark in the boxes, please rate the following items based on what you think is a necessary step to help move people out of poverty and to a place of housing stability & financial stability.

	1 Not necessary	2 Somewhat necessary	3 Necessary	4 Very necessary	I don't know
Jobs that pay enough to support a living wage					
Reduction in substance use (drugs, alcohol)					
Affordable and safe housing					
Parenting supports (family support, parenting classes, etc.)					
Mental health care and treatment					
Reduction in racism or discrimination					
Reliable transportation					
Affordable & available health care					
Availability of dentists					
Affordable & quality childcare					
Reduction in teen pregnancy rates					
Quality educational opportunities (college, trade, or technical school)					
Public assistance reform					
Low crime rates					
Other: _____					

## Demographic Information

This section asks questions about your demographic characteristics. This information helps us understand the people who completed the survey. All questions are optional and will not be used to identify a respondent.

31. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or older
- I prefer not to say

32. Including yourself, how many people live in your household?

- 1
- 2
- 3
- 4
- 5

33. What is your annual household income?

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$44,999
- \$45,000 to \$54,999
- \$55,000 to \$64,999
- \$65,000 to \$74,999
- \$75,000 to \$84,999
- \$85,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- I prefer not to say

34. Which best identifies you? (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino/a/x
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- I identify as: \_\_\_\_\_
- I prefer not to say

35. Do you identify yourself as:

- Genderqueer/gender nonconforming
- Man
- Nonbinary
- Transgender man
- Transgender woman
- Woman
- I identify as: \_\_\_\_\_
- I prefer not to say

36. Do you identify as a member of the LGBTQIA2s+ community?

- Yes
- No
- I prefer not to say

37. What is your highest level of education?

- Did not attend school
- Some high school, no diploma
- High school diploma or equivalent
- Some college, no degree
- Technical or trade school/Professional certification program
- Associate's degree
- Bachelor's degree
- Graduate or professional degree (Masters, PhD, MD, etc.)
- I prefer not to say

38. Are you a veteran?

- Yes
- No
- I prefer not to say

39. Please select all that apply to you (select all that apply):

- I am blind or I have trouble seeing even when wearing glasses
- I am deaf or hard of hearing
- I have difficulty doing errands alone such as visiting a doctor's office or shopping
- I have serious difficulty in my daily life caused by: mood, intense feelings, controlling my impulses, or hearing, seeing, sensing something that others around me are not
- I have a really hard time learning how to do things most people my age can learn
- I have trouble concentrating, remembering, or making decisions because of a physical, mental, or emotional condition
- I have trouble getting dressed, taking a bath, or showering
- I have trouble walking or climbing stairs
- I have a disability or medical condition not described by any of the conditions above (please specify): \_\_\_\_\_
- I prefer not to say
- None of the above

40. What is your housing status?

- Renter
- Homeowner
- Live with family or loved ones
- Experiencing homelessness or housing instability
- Other (please specify): \_\_\_\_\_
- I prefer not to say

**End of Survey**

Thank you for completing the Maine Shared Community Health Needs Assessment community survey. We really appreciate your time and we value the insights that you shared with us. For completing the survey, you may enter into a raffle to win a \$100 gift card. If you would like to enter the raffle, please enter your contact information below. Your contact information will be kept separate from your survey responses.

Please email us if you have any questions: [info@mainechna.org](mailto:info@mainechna.org)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_