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MeCAP

Maine Community Action Partnership

2021 Statewide Community Needs Assessment
Executive Summary

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INTRODUCTION

"FOR SO LONG AS MAN HAS LIVED ON THIS EARTH, POVERTY HAS BEEN HIS CURSE. ON EVERY CONTINENT IN EVERY AGE MEN HAVE SOUGHT ESCAPE FROM POVERTY'S OPPRESSION. TODAY, FOR THE FIRST TIME IN ALL THE HISTORY OF THE HUMAN RACE, A GREAT NATION IS ABLE TO MAKE AND IS WILLING TO MAKE A COMMITMENT TO ERADICATE POVERTY AMONG ITS PEOPLE."

President Lyndon B. Johnson Upon Signing the Economic Act of 1964

The broad purpose of Maine's Community Action Programs (MeCAP) is to eliminate the causes and conditions of poverty. This is a particularly difficult challenge in a state where people are proud of their independence, find it difficult to talk about poverty, and, like the woman quoted on this page, have a difficult time asking for help.

This report describes the fundamental economic challenges facing Mainers. For the first time in MeCAP history, the data and interviews provide a good comparative look at these challenges across the state and up-close issues by region. Some of the stories are heartbreaking or just plain embarrassing: "there are some houses that clearly are not safe or habitable, no heat, broken windows, falling apart, fire traps…. Do poor people not matter? Shame on our town."

With input from over 6,000 people, we can say a critical part of overcoming poverty is to understand the interchangeability of our perspectives - without shame or stigma. The approach is simple. If we want people to treat us in a certain way, then we have to be able to apply the same standard to ourself.

The analysis here uses traditional measures of poverty, but no matter how you define it, no one wants to worry about having a roof over their head, about having enough money for food, or having heat in winter. Yet, this is the case for too many of our neighbors.

Mainers are also innovative. The good news is that there are new resources available and literally thousands of community members helping one another to find new ways to address these perennial issues.

BRIEF OVERVIEW OF COMMUNITY ACTION PARTNERSHIPS IN MAINE

The Economic Opportunity Act of 1964 was a landmark bill championed by President Lyndon B. Johnson and his War on Poverty. The Act created the Community Action Network of national and locally-focused organizations that connect millions of children and families to greater opportunity.

A Community Action Agency (CAA) has received this designation from the local government under the Economic Opportunity Act of 1964 or from the state under the Community Services Block Grant Act of 1981 to combat poverty in geographically designated areas. It is recognized as an eligible entity as defined in the CSBG Act and can receive funding from the state under the Community Services Block Grant.

Maine has ten Community Action Agencies (CAAs) across the state covering all counties. Many CAAs serve multiple counties while others only serve a single county. Some agencies also overlap service areas, however, in each of the overlapping counties, each CAA offers services that the other does not. The ten Community Action Agencies in Maine include the following organizations and service areas:

Organization	Counties Served
Aroostook County Action Program, Inc. (ACAP)	Aroostook
Community Concepts, Inc. (CCI)	Androscoggin, Franklin, and Oxford
Downeast Community Partners (DCP)	Hancock and Washington
Kennebec Valley Community Action Program (KVCAP)	Lincoln, Kennebec, Sagadahoc, and Somerset
Midcoast Maine Community Action (MMCA)	Knox, Lincoln, Northern Cumberland, Sagadahoc, and Waldo
Penquis	Knox, Piscataquis, and Penobscot
The Opportunity Alliance (TOA)	Cumberland
Waldo Community Action Partners (WCAP)	Waldo
Western Maine Community Action (WMCA)	Androscoggin, Franklin, and Oxford
York County Community Action Corporation (YCCAC)	York

HISTORY OF MECAP

Since their inception as part of the Economic Opportunity Act of 1964 CAAs have helped low-income people escape poverty and achieve economic security through programs such as Head Start, job training, housing, food banks, energy assistance, and financial education. Maine Community Action Partnership **(MeCAP)** was formed as a non-profit in 2002 to work on areas of common interest across the state. The executive director/CEO of each of the ten CAA agencies comprise the Board of Directors.

Maine Community Action Partnership brings together the executive directors/CEOs of Maine's ten CAAs to coordinate common efforts. The association strives to identify and advocate for areas of common interest to advance the mission of community action agencies: that of improving the quality of life, health and economic circumstances of Maine's most vulnerable citizens.

MeCAP convenes bi-monthly meetings for all ten CAAs; helps organize and staff regular meetings of the Housing & Energy Council, Economic Opportunity Council, Northern New England Training Committee (responsible for developing and staffing a yearly-tri-state conference), Resource Development Affiliate Group, empowOR data group, Whole Families Initiative, and the Region 1 New England Community Action Partnership (comprised of all six New England states).

MeCAP member CAAs are uniquely positioned through our diversity of program services offered, our strong state and national networks, our wide-ranging community-based connections, and our federal,

state, local and private funder relationships, to assist in achieving system level change. Collectively, the CAAs have established more than 3,000 partnerships with other local organizations and community stakeholders.

MECAP MISSION

Maine Community Action Partnership (MeCAP) is a statewide organization dedicated to improving the quality of life of Maine citizens by advocating for, enhancing and supporting the work of Maine CAAs. Each of Maine's ten CAAs is rooted in the communities within which it serves, collectively touching the lives of approximately 140,000 clients. Each individual CAA has developed a mission statement and program focus areas specific to its organization and service area through community needs assessments. The unifying thread weaving the CAAs together is the strategic effort to improve the quality of life, health and economic circumstances of Maine's most vulnerable citizens -- specifically targeting Maine's low and very low-income people.

INSIGHTS INTO CAUSES OF POVERTY AND COMMUNITY STABILITY

Simply put, *"people living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity".* These disparities mean people living in poverty are more likely to die from preventable diseases. Programs and policies that make food, housing, health care, and education more affordable can help reduce poverty.[1]

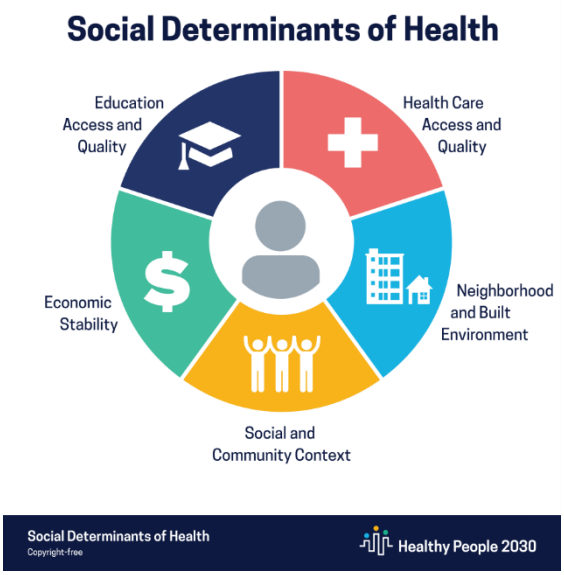
Prior to COVID, in 2018 the official poverty rate[2] in the U.S. had declined to 11.8%. This was the first time in 11 years that the official poverty rate was significantly lower than 2007, the year before the Great Recession. In 2019 the official poverty rate was 10.5% - the sixth year of decline.[3] Yet as anyone who has actually lived at these income levels, the Federal Poverty Level describes an austere level of existence.

2021 POVERTY GUIDELINES

Persons in family/household	Federal Poverty Guideline
1	$12,880
2	$17,420
3	$21,960
4	$26,500
5	$31,040
6	$35,580
7	$40,120
8	$44,660

Across the nation, that 10.5% rate describes 34 million people living in poverty. Of those, approximately 10.5 million individuals were under the age of 18. In Maine, the poverty rate in 2019 before the pandemic was 10.9%.[4] In other words, nearly one in 10 or 141,803 of our family, friends and neighbors is living at the level described in the 2021 Federal Poverty Guideline table. Overall, of the 248,624 individuals in Maine under the age of 18, the number of children living in poverty was 13.8% in 2019 according to Maine Kids Count 2021. In some Maine counties the rate of children living in poverty is over one-in-five: Aroostook (20.2%), Piscataquis (23.8%) Somerset (22.6%) and Washington (24.6%).[5]

SOCIAL DETERMINANTS OF HEALTH AND COMMUNITY WELL-BEING



The Robert Wood Johnson Foundation (RWJF) has found that poverty, community well-being, and health are inseparable.[6] National research by the RWJF, the Centers for Disease Control and Prevention (CDC), the Institute for Healthcare Improvement (IHI), and others supports the position that social determinants of health (SDoH) are key drivers which impact poverty levels and – in turn – community health.

The CDC Office of Disease Prevention and Health Promotion authored the seminal publication, "Healthy People 2020" in which they explored the social determinants that comprise healthy communities. In their work, poverty is one of the core measures.

In Healthy People 2030 there is a SoDH workgroup. The Members of the Social Determinants of Health (SDOH) Workgroup[7] have expertise in areas including SDOH, health equity, health disparities, economics, and vulnerable populations. Through a collaborative process, they developed the objectives related to SDOH. Representatives on the workgroup will summarize data on these objectives and track progress toward achieving them throughout the decade. The social determinants of health objectives[8] include the following:

Social Determinant Domain	Subfactors / Correlative Factors
Economic Stability	Poverty Food Security Employment Housing Stability
Education Access and Quality	High School Graduation Enrollment in Higher Education Language and Literacy Early Childhood Education & Development
Social and Community Context	Social Cohesion Civic Participation Perceptions of Discrimination & Equity Incarceration
Health and Health Care	Access to Health Care Access to Primary Care Health Literacy
Neighborhood and Built Environment	Access to Health Foods

Quality of Housing Crime and Violence Environmental Conditions

The community needs identified and prioritized in this assessment highlight many of the SDoH. MeCAP agency's programs provide services to community residents in poverty and/or otherwise disadvantaged. All services impact SDoH or correlative factors.

GENERATIONAL AND SITUATIONAL POVERTY

There are two forms of poverty – generational and situational poverty. *Bridges Out of Poverty*[9] defines generation poverty as "having been in poverty for at least two generations" and situational poverty as "a lack of resources due to particular event, such as a death, chronic illness, or divorce among other reasons."

One of the key indictors to identifying the type of poverty is "attitude." Generational poverty has its own culture, hidden rules, and belief system. The below table provides some characteristics of generational and situational poverty.

Generational Poverty	Situational Poverty
At least two generations	A lack of resources due to a particular event
Common attitude is hopelessness	Common attitude of pride and refusal to accept charity or help
Casual register language[10]	Formal register language
Matriarchal family structure	Traditional family structure
Less emphasis of education	More emphasis of education
Often poorer health	Often good health

Please note that the table above contains generalized characteristics about generational and situational poverty. Clearly these attributes are not exclusive to people experiencing poverty. However, across over 34 interviewees shared concerns that "we need to shine a light on this" across the state and look to develop more solutions from a multigenerational angle. In the words of one: "People focus on a specific need but not the bigger picture - a person needs to be addressed wholistically and not only through a specific lens. No one really manages the care of one individual from a wholistic perspective."

COMMUNITY NEEDS ASSESSMENT OBJECTIVES

Community Action Agencies are required to complete a Community Needs Assessment (CNA) every three years in order to receive Community Service Building Grant (CSBG) funding. Section 676(b)(11) of the CSBG Act states "…an assurance that the State will secure from each eligible entity in the State …a community action plan …that includes a community needs assessment for the community served, which may be coordinated with community needs assessment conducted for other programs…"

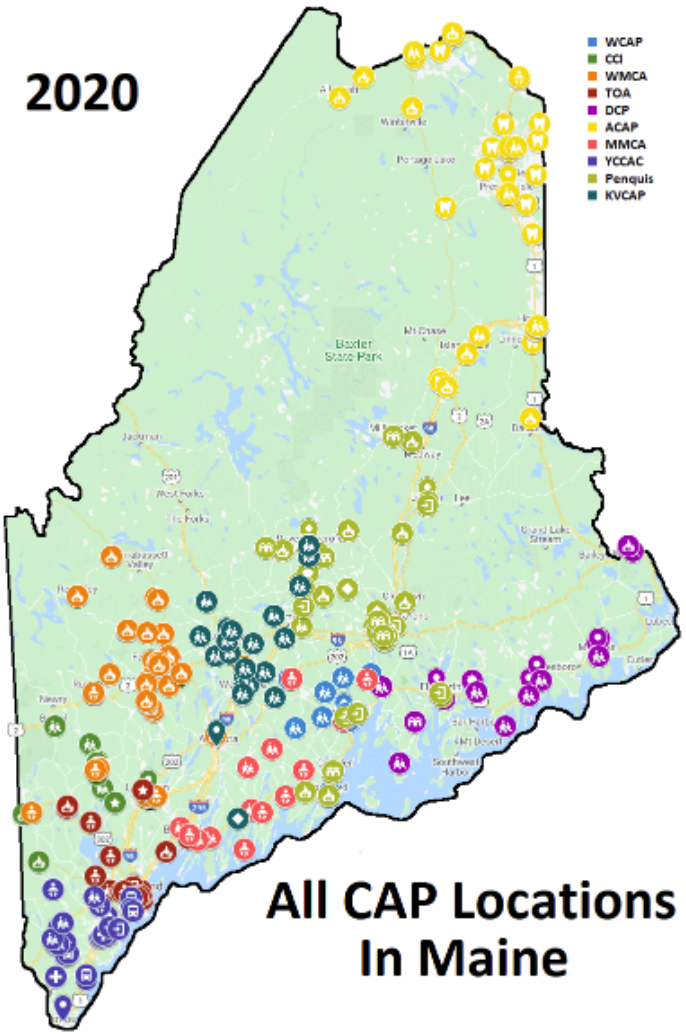
A Community Needs Assessment establishes a profile of a community, noting both needs as well as community resources. CAAs conduct assessments to determine the needs in a community that can be addressed and the population that is most impacted by the need. CAAs should include both qualitative and quantitative data to assist in identifying needs in the community. From this identification of needs on the family, community, and agency levels, and through a strategic planning process, As determine the outcomes that they plan to achieve for the next three years. A Community Needs Assessment must meet the CSBG Standards Category Three for Community Assessments.

COMMUNITY ENGAGEMENT AND DATA COLLECTION METHODS

The CNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and community members – especially those from underserved populations and agency clients. The methodology that was used helped prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs. The major sections of the methodology include the following:

- **Strategic Secondary Research.** This type of research includes a thorough analysis of previously published materials that provides insight regarding the community profile and health-related measures.
- **Qualitative Interviews and Discussion Groups.** This primary research includes discussion groups and interviews with CAA leadership and staff, other community service providers, and community members across the state of Maine.
- **Community Survey.** Crescendo conducted an online and paper-based survey in eight languages with over 7,000 community members across the state. Results were analyzed, and data tables / graphs were created to illuminate the results found in this report.
- **A Needs Prioritization Process.** Following the secondary research, qualitative interviews, focus group discussions, and community survey, a list of 35 community needs was generated. Leadership group members participated in a two-phase prioritization process. In Phase 1, leadership group members were asked to complete a quantitative and qualitative survey in which they indicated: "What community needs require more focus and attention?" After analysis of the Phase 1 survey, leadership group members reviewed the Phase 1 responses and generated a final list of prioritized needs during two 90-minute discussion sessions. Results were used to arrive at the key areas of priority emphasis.

OVERVIEW OF MAINE'S COMMUNITY ACTION AGENCIES



Maine has ten Community Action Agencies across the state covering all 16 counties. Each of the organizations has multiple locations for services in their service area.

- WCAP
- CCI
- WMCA
- TOA
- DCP
- ACAP
- MMCA
- YCCAC
- Penquis
- KVCAP

OVERVIEW AND APPROACH

The qualitative primary research methodology consisted of stakeholder interviews and focus group discussions with key community stakeholders, policymakers, and local residents (see Appendix). One hundred and fifty (150) one-on-one interviews that lasted approximately 20-30 minutes in length were conducted. This provided the opportunity to have in-depth discussions about community-wide strengths, barriers to health equity, and action-steps.

In addition, 25 virtual or in-person focus group discussions allowed Maine voices to be heard to highlight areas of consensus as to what they see as the biggest community needs facing the community. In total, across both qualitative research stages over 300 individuals provided input from the following segments:

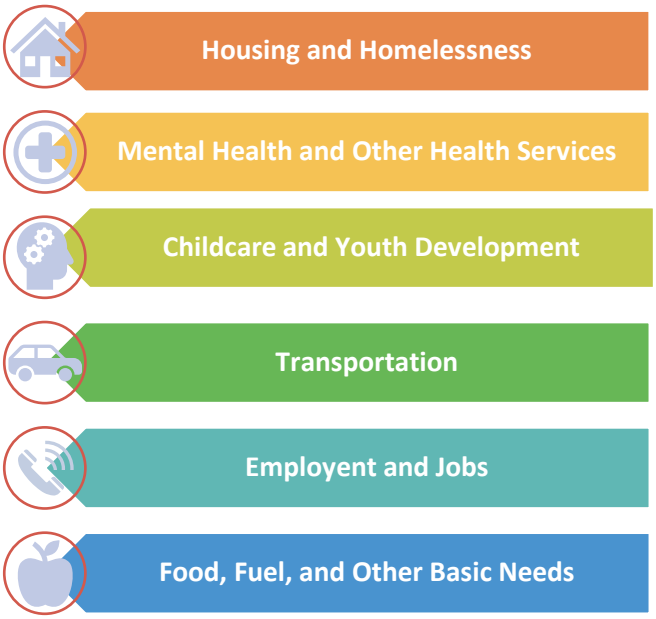
- MeCAP clients and stakeholders by region
- Executive leadership
- Community service organizations
- Faith based organizations
- Governmental organizations

The combination of individual interviews and focus group discussions elicited several Qualitative Themes about areas of need. Each of these themes cut across and impact the subsequent Needs and Action Areas, and they are identified below with a short explanation. The sections which follow the themes are the Needs and Action Areas. Each of these includes an overview of the Action Area and utilizes de-identified Illustrative Observations in italics which are representative of respondents' consensus perspectives. In many cases the observations highlight examples of Potential Interventions.

The full Statewide Community Needs Assessment report contains a plethora of additional qualitative and quantitative data.

THEMES AND HIGH-LEVEL ACTION AREAS

As the 98-year-old interviewee quoted in the introduction pointed out, there was a time when not having much money or many material possessions was not considered a stigma. Self-reliance was and is a strength. Many interviewees noted they didn't need much, but it has gotten increasingly difficult with changes in demographics and the economy to live independently without a good job. Across the state there is a growing consensus that:



There are few advocates for improving a transportation system that remains a persistent barrier for young people finding better jobs, and those needing to travel for treatment.

- Too often a bureaucratic safety net feels so stigmatizing that when increases in housing, food and energy costs have overrun modest retirement savings and social security benefits for seniors they don't ask for help - even when their lives and homes are in jeopardy.
- Children are our future, but isolation due to poverty and COVID-19 risk is creating permanent education and behavioral health challenges for many in our next generation.
- Working-aged people want good jobs that pay wages that allow them to afford housing, education, and transportation.
- Employers are desperate for employees who have both hard and soft skills that will enable them to get the job done.

In addition to interventions associated with the themes above, there are interventions which flow naturally from the and Action Areas below.

These are important to include in any planning response. The following High Level Action Areas are most representative of respondents' consensus in both the qualitative interviews and the focus group discussion.

Please note, the Action Areas are not in prioritized order.

HOUSING AND HOMELESSNESS

In 2019, more than 80% of renters earning less than $25,000 were cost burdened nationwide, with a large majority severely burdened paying more than 50% of their income for housing. Affordable housing and housing related issues remain top concerns in Maine, as of the 150 individual interviewees who were asked about their top concerns, housing was mentioned as a priority community challenge. Over

70 participants commented on it with words like “blighted.” There were also numerous comments that spoke to homeless system redesign, current unstable housing situations, and the need for homeless shelters. Old housing stock was mentioned frequently, especially regarding seniors. The interrelated housing challenges mentioned included, the sheer number of units needed, the location, distribution of needed units, and the overall cost

The following are other representative comments from across the state.

- *Housing is a nightmare. It's so expensive. Everyone is fleeing cities, so prices are skyrocketing. People with bad credit can't buy a house, background checks mean people can't rent, so they have to go way out then it's hard to get places. People are desperate to find places. (YCCAC area)*

- *Individuals living alone on a fixed income can’t pay for the upkeep of the homes, steps that need to be repaired, roof leaks, bathrooms not on the first floor. Maine's housing stock is old; some of these people have lived in these house for years. (Penquis CAP area)*

- *Maine housing issues are out of control. Out-of-staters are flocking here because of our low COVID numbers and paying outrageous amounts for our homes leaving many homeless due to increased rents for renovations and personal gain. Many of these (homeless) victims have lived, learned, and worked in Maine for generations. Then the new property owners can just up and leave after causing turmoil for these families. My rant is over! (Focus Group participant)*

- *We’ve had an Increase in unstable housing, not necessarily homelessness. People may be living with parents, or doubling up, or not in an ideal situation. Homeless people bring other issues: substance use, mental health, and domestic violence. More people are in unsafe homes than people realize.*

- *We do have two shelters (fairly small) in Hancock and none in Washington; most are couch-surfing or living in camps (camp trailers, cabins). This does seem to be increasing in numbers, people can't get heating assistance because they’re not considered a permanent residence.*

> “THE HOUSING STOCK IS TOO EXPENSIVE, TOO BIG, INEFFICIENT, AND IN THE WRONG PLACE. FOR EVERY 100 LOW-INCOME HOUSEHOLDS THERE ARE ABOUT 50 UNITS AVAILABLE. SEVEN OUT OF TEN CAPS ARE PART OF THE MAINE AFFORDABLE HOUSING COALITION (MAHC) AND LOOKING AT HOUSING STOCK ON BOTH THE SUPPLY SIDE AND DEMAND SIDE. HOW DOES EXISTING INVENTORY MEET DEMAND? INCOME VS. HOUSING COSTS. WE NEED TO GROW STOCK TO MEET THE CURRENT VERSION OF WHO WE ARE.”
>
> Augusta Area Interviewee

Maine is undergoing a homeless system redesign with more resources and focus on diversion – identify natural supports, shorter term remedies, rental assistance – to provide help on the front end to help people stay out of homelessness. Funding needs to be available for diversion programs.

MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES

Mental health (MH) and substance use disorders (SUD) affect people of all ages, genders, race, and ethnic groups. Prior to COVID-19[11], out of the 330.1 million people living in America, nearly one in five (61.2 million) were living with a mental illness and/or substance use disorder which is a 5.9% increase from the prior year. Of these people 25.5% (13.1 million) experience a severe mental illness, which can be defined as an individual over 18 having (within the past year) a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. [12]

In Maine, access to mental health and substance use disorder treatment is highly varied across the state with many stating that access is limited in their local area. However, the linkage between MH / SUD and employment and housing challenges highlights the need for concurrent expansion according to interviewees.

"PEOPLE ARE JUDGMENTAL; THEY MAKE ME FEEL THAT I WAS A BAD PARENT. THEY DON'T UNDERSTAND THAT IT IS A DISEASE. THEY THINK MY CHILD MUST HAVE BEEN RAISED WRONG. I HAVE TWO CHILDREN WHO WERE RAISED IDENTICALLY IN THE SAME HOME. ONE IS VERY SUCCESSFUL AND YET THE OTHER HAS TAKEN THIS DIFFERENT JOURNEY. I HAVE A SISTER-IN-LAW WHO WORKS AT A RECOVERY CENTER AND EXPLAINS RELAPSE IS PART OF RECOVERY AND IT'S VERY DIFFICULT. MY HUSBAND AND I HAVE BEEN DEALING WITH THIS FOR A LONG TIME. AT THE START, MY HUSBAND WAS ONE WHO THOUGHT IT WAS A CHOICE; HE SEES NOW THAT WE CAN'T FIX IT FOR OUR CHILD."

ACAP FOCUS GROUP PARTICIPANT

- *It's limited. Social isolation is bad for people's mental health, especially for older people. COVID made it worse. There's not much recognition that mental health treatment can help. (In many families) people were taught to suck it up and not bother others. If we have someone who needs help, we refer to Tri-county mental health. (Cumberland County)*

- *People understand there's a real need for behavioral health services. There's more of a demand than capacity. Additional Intensive Outpatient beds (in Sanford) will help people step down from inpatient to a once a month appointment. The organization there has a commitment to the community. (York County)*

- *We see a lot of it. Mental health treatment is a systemic need. We haven't broken it down by percentage, but there is a large number of clients who have this need. They use it as an excuse to keep abusing drugs. In all my housing cases that don't involve money, most others are that mental health or substance use issues are causing disruptions. (Aroostook County)*

- *Mental health and substance use are definitely tied together. Many of our families are impacted by substance use. It has a ripple effect in our classrooms - some kids are born with substances onboard and/or being cared by a single parent or grandparent because a parent became incarcerated or died. (Kennebec & Somerset Counties)*

- *People are dying from Fentanyl and opioid overdoses. We have an increase in Washington County right now. It's generational drug addiction, and it ties into poverty, domestic abuse, education, employment. It's a suicide that people carry with them. (Downeast Area)*

- *Depression and anxiety have increased due to the pandemic. Eating disorders are also increasing due to the pandemic - people are so isolated and disconnected from support systems, don't have the same structure to keep disorders on track. People are becoming more aware of issues because they are seeing their family more. Suicidality [is a problem]. Substance use disorders are impacted by the legalization of marijuana which becomes a gateway. Elementary school kids already have complex and significant trauma in their family systems, and the kids carry this weight in addition to other issues like food insecurity, poverty. How do we address these issues with kids early on and give them coping skills? Many professionals value Adverse Childhood Experiences. (Cumberland County)*

CHILDCARE & YOUTH DEVELOPMENT

Access to safe and affordable childcare is an essential building block to the overall quality of life for families in the United States. Parents and caregivers have more opportunities to pursue a career and higher education that contribute to stability and financial security.[13] During the pandemic, daycare facilities closed, and childcare programs were put on pause. This only worsened the already high cost of care as providers are heavily reliant on parent fees, accounting for 52% of total industry revenue.[14] In 2020, mothers spent eight hours a day on average on direct or indirect childcare last year *while* simultaneously working an average of six hours on weekdays.[15]

"THE LACK OF HIGH-QUALITY, AFFORDABLE CHILD CARE IN MAINE IS A MAJOR BARRIER TO THE SUCCESS OF OUR CHILDREN & OUR ECONOMY. IT PREVENTS PEOPLE FROM STARTING NEW BUSINESSES, TAKING NEW JOBS & MOVING TO RURAL COMMUNITIES."

Governor Janet Mills

A 2021 survey focused on the cost of childcare indicates that most caregivers pay approximately $185 to $270 for full-time childcare for one infant child, and approximately $145 to $270 for one preschooler each week.[16] Maine is very familiar with this community-wide issue and recently passed legislation to expand access to childcare, *An Act To Support Children's Healthy Development and School Success.*[17] In addition, licenses were granted to 26 new childcare facilities between March of 2020 and 2021.[18] While the number of licensed facilities is increasing, representative comments from across the state suggest the largest focus for Mainers is the overall cost.

- *There is no affordable childcare for one-income families, or "on the cusp" families who aren't eligible for services (who need) transportation to the facility and then to work. Head Start is wonderful but they don't provide transportation…We serve a lot of families in healthcare and hours are*

wonky - childcare doesn't cater to that. (Waldo County)

- *Pay is so low in the childcare sector, so people don't want to work in these facilities. Economics are hard for people running childcare (facilities) and for parents – it costs 27% of the average family income. It's hard for parents of all income brackets - lower cost alternatives are lower quality, although not necessarily unsafe. (Cumberland County)*

- *General lack of affordable childcare (was) made worse by the pandemic, so families have to rely on family, friends, neighbors, and older kids who aren't even ready for college and miss the transition into adulthood, especially for kids who transition out of foster care, or out of juvenile detention centers. (Cumberland County)*

- *There are not enough (quality) providers; it's expensive. The number of hours can be an issue for families…there are more "mom and pop" in-home providers (as) hours are outside of typical business hours. (Penobscot, Piscataquis & Knox Counties)*

- *There's a gap for kids who qualify for Head Start and those who don't and there's a long wait…if you moved here and wanted to get into one of the childcare centers, it's a huge wait. (Androscoggin, Franklin & Oxford Counties)*

TRANSPORTATION

Transportation is a central beneficiary of the 2021 Federal infrastructure bill. Maine could receive at $2.0 billion for roads, bridges, public transit, electric vehicle charging and broadband internet from the bill.[19] Yet the representative comments from across the state suggest the improvements are needed now to bring the benefits that policy makers hope to achieve such as health and health equity, employment, and social connection.[20] In-state policymakers are increasingly aware of the utter lack of infrastructure to build a comprehensive and inclusive public transportation system. A commission studying funding solutions regarding public transportation discovered that Maine faces an annual transportation funding shortfall of approximately $232 million and Mainers are feeling the impact.[21] The following are representative comments from across the state.

"WHY HAVEN'T WE FIGURED THIS OUT YET? PEOPLE SEE THIS (ISSUE) AS 'REALLY HARD' AND DON'T WANT TO GO THERE."

Cumberland County

- *There is a limited schedule with public transportation, (and the) cost of the city bus is minimum for most people; if you're on a limited income then you may walk over riding. (Penobscot, Piscataquis & Knox Counties)*

- *Unless you live right in town it's difficult. Rockland and (other) areas had a connector, but it was taken away because they couldn't afford it – it's not sustainable. There are no sidewalks so*

it's not safe to walk, especially in the winter. (Midcoast Area)

- *Municipalities want to know more about the opportunity to increase transit services in the region, (as areas are) experiencing so much housing growth and demand. People are coming into the state from larger cities where there was an architecture for public transportation they relied on. There is new demand and interest among developers as well. This has led them to look at baseline ridership data and employment to better understand where people work and live, how they're traveling; there are opportunities to increase public transit based on these patterns. (York County)*

- *You need your own vehicle; Penquis has Links, but it has been majorly impacted by the pandemic. Stigma and shame (exist) around the bus, i.e. "it's for the poor people"… It wasn't a service people tended to use in a positive way. (Penquis)*

- *Washington and Hancock Counties are so spread out and large, we mostly use MaineCare for transportation for medical appointments - but that doesn't work for employment. You have to have a car to live here, if you don't have a car then you can't work or go to school. (Downeast Area)*

EMPLOYMENT & JOB OPPORTUNITIES

The complexity of the Maine job market makes it difficult for interviewees, and even experts, to condense the challenges into a single sound bite. However, several themes are consistent across the thousands of comments in the MeCAP assessment and even among state leaders[22]:

It is difficult to find a job that enables people to pay for housing, food, and other necessities. "I think people have a hard time finding a living wage job, not just in this area but throughout Maine. People feel stagnant and it's hard to get young people to stay here - you can be a big fish in a small pond. (Kennebec & Somerset Counties)

There is a shortage of qualified applicants in the area. "Prior to COVID-19 anyone could get a job, but now it's not the case. (There are) lots of service-based jobs, the school system is one of the largest employers in the area, but they struggle to find qualified people to work for them. (Penquis Cap Area)

Maine's Department of Labor's Center for Workforce Research and Information database identifies the most in-demand jobs by all education levels which include general and operations managers, heavy and tractor-trailer truck drivers, registered nurses, first-line supervisors of retail sales workers, carpenters, and first-line supervisors of office. The median hourly salaries for these positions range from $19.25 to $39.90 per hour.[23] In 2020, the median hourly wage was $19.45. The following are representative comments from across the state.

People are getting back to work. As of July 2021, Maine's unemployment rate was 4.9%, lower than the

U.S. average of 5.4%. According to the most recent Employment Situation Summary[1] released September 3, 2021, the employment-population ratio was 58.5%, up from a low of 51.3% in April 2020 but remains below 61.1% in February 2020.

People are afraid of being infected at work. Over 1.5 million in the U.S. who are not in the labor force in the U.S. at this writing say they are prevented from looking for work due to the pandemic.

- *Prior to COVID-19 anyone could get a job, but now it's not the case. (There are) lots of service-based jobs, the school system is one of the largest employers in the area, but they struggle to find qualified people to work for them...The trades are pretty hot right now. There is still some stigma around trade schools, but that's mostly gone now. (Penobscot, Piscataquis & Knox Counties)*

- *It's hard to find a job with a living wage ($15-$18/hour) with benefits that provides a meaningful life occupation. (We need) possible apprenticeship programs or job opportunities for people who don't want to go to college or need more trade training. (Waldo Community Action Partners)*

- *How do you attract jobs to an area with an unstable and uneducated workforce? People who could do these jobs have left. I am sure employers communicate with schools to let them know (which) skills are needed, but then how do you get people into the programs? (York County)*

- *We're helping students to navigate the path to career goals…now trade schools (graduates) make more money than (people with) master's degrees; there are jobs but not enough skilled people. (Aroostook County Action Program)*

- *Women are leaving the workforce, and this impacts the family. Employers say they have jobs but not the right talent, so accessible workforce training is needed. (Cumberland County)*

- *Barriers include not knowing that jobs are out there (they think nothing is out there due to COVID); lack of internet and technology, technology literacy; soft skills like resume writing, financial literacy, budget and planning. (Waldo County)*

[1] U.S. Bureau of Labor Statistics. Employment Situation Summary. September 3, 2021. https://www.bls.gov/news.release/empsit.nr0.htm

FOOD, FUEL, AND OTHER BASIC NEEDS

Maslow's original hierarchy of needs is still relevant today. In addition to shelter, food, clothing, and warmth remain essential for well-being.[xxiv] Just before the COVID-19 pandemic, the Urban Institute found that nearly 40% of American families struggled to meet at least one basic need for health care, housing, utilities, or food.

Access to healthy and affordable food is a known challenge in Maine and is more prevalent in rural communities. Maine's population consists of approximately 545,287 people living in rural areas, lacking nutritional opportunities or food retailers creating a food desert. Food deserts are known as areas with limited supplies of fresh, affordable foods.[xxv] In Maine, 1 in 8 people face food insecurity, 1 in 6 are children[2].

- *Recognize that communities are diverse and there's no one size fits all solution - so give (people) a range of access. Put pantries into communities so people can pick what they want or order online. Process fresh produce - one senior can't eat a whole butternut squash or have the strength to cut them. (Midcoast Area)*
- *Having basic needs taken care of helps us demand structural changes. Deep engagement and relationship building - the more these threads are woven in, and oppression is acknowledged and addressed, it can lead to solutions. Until those people who are most targeted are listened to, we'll likely always have problems. How do we help people who don't have the education, background etc. to productively get their voices heard? (York County)*
- *About 1 in 5 children in Waldo County don't have enough to eat; Maine has one of the highest rates of food insecurity. (Waldo Community Action Partners)*
- *Food became more accessible due to the pandemic. Many came together around food, especially dried grains and foods with a short shelf life; food stamps increased (but) people who are poor are still eating junk food – it's more accessible and costs less. (Androscoggin, Franklin & Oxford Counties)*

[2] Feeding America. 2019 Overall County Food Insecurity in the United States.

QUALITATIVE STATEWIDE INSIGHTS

	Consensus Observations in Quotes from Participants
Top Challenges Mentioned	• ***Workforce*** *– All businesses (manufacturing, retail, clerical, service, etc.) are desperate for workers.* • ***Housing*** *– Housing has gone insane. Not enough low-income housing.* • ***Childcare*** *– Childcare is not affordable, and unfortunately for the childcare provider or their employees it's hard to make it a living wage career. Skilled employees don't make enough to afford the services themselves.* • ***Transportation*** *– You must have a car to live up here; or friends or family willing to drive.* • ***Behavioral Health*** *– Lack of mental of mental health and substance use disorder (SUD) treatment hinders people's ability to maintain housing, employment, etc.* • ***Infrastructure*** *– Connect rural areas to the major cities with better highways and add reliable, low cost internet.*
Unique Strength or Challenge Mentioned	• *There's a great sense of community here. It's a great place to raise a family.* • The "two-Maines" persist but they are not simply geographically bound. Jobs, housing, and a workforce with soft and hard skills define local well-being and sustainability.
Noted Policy Areas	**Streamline Bureaucracy** – Simplifying means testing for all programs on the phone. **Stigma Reduction** – Help K-12 and colleges transition to a better understanding of increasing diversity and mental health issues exacerbated by COVID-19. **Affordable Childcare** – I need another full-time job just to pay for daycare. Hard to get vouchers. **Expand Access with No Wrong Door -** Allow every employee in social services to have 10 hours a month to learn about other services available – a true No Wrong Door approach for the

	community. **Working Moms and Children** – Help working moms of young kids with the basics and provide an advocate to help them with their child. **Improve Program Awareness and Communications** - Improving awareness about what is and isn't current can be difficult. People might know about a program that expired 2 years ago. **Coordinate Housing Initiatives** – The state is putting new building standards, which is good, but it's going to continue to drive up cost. We have to change some zoning issues which people are not going to like. **Improve Rental Assistance** – It is a very clunky system, the requirements for documentation are difficult – and don't get to issues like landlord application fees. **Fix the Income Cliff** – The federal poverty level is maladjusted to the income that you need to live. The "working poor" are ineligible for public housing subsidies or Head Start; The income that is too high for programs could be $20 over. It works as a disincentive. **Expand Mental Health and SUD Treatment** – Substance use disorder is a disease, and it needs to be treated as such. Clinics need to be mobile because people in rural areas don't have transportation.

SOCIAL VULNERABILITY MEASURES BY COUNTIES

The Social Vulnerability Index (SVI) helps identify areas of community health need. Developed by the Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations, the SVI's measures are housed within the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, Housing, and Transportation. The tool may be used to rank overall population wellbeing and mobility relative to county and state averages. It can also be used to determine the most vulnerable populations during disaster preparedness and global pandemics.

Additional data tables are found in the full report.

Figure 1: Social Vulnerability Index Measures, Table A

Measure	United States	Maine	Androscoggin County	Aroostook County	Cumberland County	Franklin County	Hancock County	Kennebec County	Knox County
Population	324,697,795	1,335,492	107,602	67,809	292,307	29,982	54,601	121,753	39,759
Median Age	38.1	44.7	40.1	48.0	42.2	46.3	48.8	44.4	48.4
Below Poverty	13.4%	11.8%	11.8%	16.3%	7.6%	11.5%	10.8%	12.8%	9.9%
Median Household Income	$62,843	$57,918	$53,509	$41,123	$73,072	$51,422	$57,178	$55,365	$57,751
Age 65+	15.6%	20.0%	17.3%	23.4%	17.8%	21.5%	24.1%	4.7%	24.3%
Age 17 or Younger	22.6%	18.9%	21.8%	18.4%	18.8%	18.1%	17.3	19.4%	18.1%
Unemployment (July 2021)	5.4%	5.0%	5.8%	6.1%	8.8%	5.7%	4.5%	4.9%	4.3%
Households with Disability	12.6%	16.0%	15.9%	22.3%	11.4%	15.5%	14.6%	16.6%	15.4%
Single Parent Household	14.0%	21%	21%	24.6%	20.0%	18%	21%	21%	27.6%
Speak English less than “very well”	8.4%	1.5%	2.3%	3.2%	2.5%	0.3%	0.8%	1.0%	0.7%
Housing Units - Mobile Homes %	6.2%	9.5%	16.1%	9.7%	6.4%	18.6%	19.3%	21.8%	15.5%
No Vehicle	8.6%	7.1%	9.0%	8.6%	7.1%	5.7%	5.6%	8.1%	6.3%

Figure 2: Social Vulnerability Index Measures, Table B

Measure	Lincoln County	Oxford County	Penobscot County	Piscataquis County	Sagadahoc County	Somerset County	Waldo County	Washington County	York County
Population	34,201	57,550	151,774	16,836	35,452	50,520	39,539	31,491	204,316
Median Age	51.0	47.0	42.0	51.5	46.9	46.4	46.2	48.1	45.2
Below Poverty	12.3%	15.1%	14.8%	18.5%	9.6%	20.4%	13.5%	18.9%	7.4%
Median Household Income	$57,720	$49,204	$50,808	$40,890	$63,694	$44,256	$51,931	$41,347	$67,830
Age 65+	27.1%	21.3%	18.0%	25.9%	21.8%	8.9%	21.7%	23.7%	6.7%
Age 17 or Younger	16.7%	18.7%	18.3%	17.3%	19.0%	19.3%	18.8%	19%	19.0%
Unemployment (July 2021)	4.3%	5.9%	5.4%	4.9%	4.3%	7.3%	5.1%	6.7%	4.5%
Households with Disability	16.9%	18.5%	19.0%	26.3%	11.8%	21.7%	16.8%	22.5%	15.0%
Single Parent Household	21%	19%	26.5%	22.7%	24%	24%	23.0%	23%	20%
Speak English less than “very well”	0.4%	0.5%	0.8%	0.9%	0.8%	0.7%	0.5%	1.1%	1.7%
Housing Units - Mobile Homes %	26.4%	23.9%	22.9%	24.8%	22.3%	35.4%	30.0%	29.3%	10.9%
No Vehicle	4.9%	5.8%	7.7%	7.4%	6.1%	9.0%	5.5%	8.9%	5.6%

COMMUNITY SURVEY RESULTS

An online and paper-based community survey available in eight languages was conducted from July 5 to July 31, 2021. The survey received 7,023 responses with approximately 5,600 unduplicated individuals completing it to completion. Key highlights of the survey respondent demographics include the following:

- Approximately 75 percent of survey respondents identified as White or Caucasian followed by 15 percent identified as Black or African American.
- Over 63 percent of respondents identified as female, 30 percent male, and 5.4 percent as non-binary.
- Almost one quarter of respondents have at least a bachelor's degree. Twenty percent have at least some college.
- Approximately one in four survey respondents were between the ages of 25 and 34. Another 21 percent were aged 35 to 44 years old.

Figure 3: Statewide Community Survey Results in Rank Order By Focus Needed

Rank	Need	Percent "Much More Needed"
1	Making dental care more affordable	55.43%
2	Increasing the number of affordable apartments	55.38%
3	Developing more livable-wage jobs	55.33%
4	Increasing the number of mental health providers in rural communities	54.84%
5	Providing more flexible and affordable childcare options for working parent(s)	54.20%
6	Reducing the amount of opioid misuse	54.16%
7	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	52.85%
8	Expanding crisis services for mental health and substance use disorders	52.36%
9	Increasing the number of affordable childcare providers	51.45%
10	Increasing the number of dentists who serve MaineCare patients	51.23%
11	Providing job growth opportunities	51.10%
12	Improving access to high-speed internet and technology	50.76%
13	Creating technical school, trade school, or other job training options	50.52%
14	Increasing the number of substance use disorder providers and services	50.24%
15	Reducing stigma associated with mental health and substance misuse	50.10%
16	Increasing programs for major housing repairs (roofs, windows, etc.)	49.81%
17	Reducing the amount of childhood obesity	49.51%
18	Creating more emergency shelter beds for people who are homeless	49.34%
19	Making public transportation available in rural communities	49.26%
20	Creating higher quality rental apartments and houses	49.14%
21	Providing more after-school programs for school-aged children	49.02%
22	Developing rental and mortgage assistance programs	48.77%
23	Increasing the number of affordable houses for sale	48.69%
24	Providing more recreational opportunities for youth	48.58%
25	Increasing the number of high quality licensed childcare providers	48.52%

26	Creating more shelter beds for certain populations (children, women, families, LGBTQ, veterans, etc.)	48.16%
27	Providing more senior housing options	46.90%
28	Reducing building costs of new affordable housing units	45.75%
29	Increasing the number of detox facilities	45.75%
30	Creating more affordable public transportation options	45.70%
31	Increasing the number of childcare providers who offer age-appropriate education	45.55%
32	Providing help with utility assistance (heating fuel, electricity, etc.)	45.45%
33	Increasing the availability of prepared foods for seniors (Meals on Wheels, etc.)	45.15%
34	Increasing the number of landlords who accept housing vouchers	44.84%
35	Reducing the amount of alcohol misuse	44.83%
36	Providing soft skills education (customer service, showing up on time, etc.)	44.56%
37	Reducing the amount of adult obesity	44.52%
38	Providing help with weatherization	44.51%
39	Reducing the amount of smoking and vaping	43.70%
40	Reducing stigma associated with the housing voucher program	43.28%
41	Providing more transportation options to childcare services	41.93%
42	Expanding open hours at food banks	41.27%
43	Helping more people who are homeless to find their missing identification documents (driver's license, social security number, etc.)	41.00%
44	Adding better routes and time schedules to current public transportation system	41.00%
45	Expanding food options for people with dietary restrictions or allergies at food banks	40.38%
46	Increasing programs for minor housing repairs (paint, upgrades, etc.)	39.96%
47	Providing help with the cost of vehicle repairs	39.67%
48	Reducing MaineCare transportation limitations (i.e., limited to one parent and child)	37.07%
49	Providing help with the cost of vehicle insurance and regular maintenance	36.11%

The top needs vary based on household income and service area. In the table below, the top five needs for each household income bracket shows that the top needs vary but have some similarities as well. For low-income households, dental care and livable wage jobs are the most important. As household income increases, childcare and substance misuse prevention and services become the top needs. For households earning over $150,000, the top needs are focused on mental health and substance misuse services. While the top needs vary between household income brackets, respondents all identified dental care, childcare, mental and substance misuse, and affordable housing as the top issues across Maine. For full survey responses, see the full report.

Figure 4: Top 5 Statewide Needs by Household Income

	Under $15,000	Between $15,000 and $29,999	Between $30,000 and $49,999	Between $50,000 and $74,999	Between $75,000 and $99,999	Between $100,000 and $150,000	Over $150,000
1	Making dental care more affordable	Making dental care more affordable	Making dental care more affordable	Providing more flexible and affordable childcare options for working parent(s)	Providing more flexible and affordable childcare options for working parent(s)	Providing more flexible and affordable childcare options for working parent(s)	Reducing the amount of opioid misuse
2	Increasing the number of dentists who serve MaineCare patients	Developing more livable-wage jobs	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities	Developing more livable-wage jobs	Increasing the number of affordable childcare providers	Increasing the number of mental health providers in rural communities
3	Developing more livable-wage jobs	Reducing the amount of opioid misuse	Reducing the amount of opioid misuse	Reducing the amount of opioid misuse	Reducing the amount of opioid misuse	Increasing the number of mental health providers in rural communities	Reducing the amount of other drug misuse (heroin, cocaine, etc.)
4	Increasing the number of mental health providers in rural communities	Increasing the number of mental health providers in rural communities	Expanding crisis services for mental health and substance use disorders	Reducing the amount of other drug misuse (heroin, cocaine, etc.)	Increasing the number of mental health providers in rural communities	Expanding crisis services for mental health and substance use disorders	Increasing the number of affordable apartments
5	Increasing the number of affordable apartments	Increasing the number of dentists who serve MaineCare patients	Providing more flexible and affordable childcare options for working parent(s)	Increasing the number of affordable childcare providers	Increasing the number of high quality licensed childcare providers	Increasing the number of affordable apartments	Expanding crisis services for mental health and substance use disorders

TOP STATEWIDE NEEDS IDENTIFIED

After completing the needs prioritization process of the 35 needs, the Leadership Group identified the following issues to collectively focus their resources, capacity, and advocacy work to meet the needs of Maine residents across the state. A more detailed look at the identified needs is available in the full report.

Figure 5: Top Issue Areas

	Issue Area
1	Affordable Housing
2	Affordable, Quality Childcare
3	Ending the Cycle of Generational Poverty
4	Holistic Person-Centered Health Care
5	Transportation
6	Homelessness and Housing Instability

[1] Healthy People 2030 description of its Social Determinant of Health Objective 01: Reduce the proportion of people living in poverty. See: https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

[2] As noted by the Assistant Secretary for Planning and Evaluation (ASPE) in its description of the 2021 Poverty Guidelines, "there are two slightly different versions of the federal poverty measure: poverty thresholds, and the poverty guidelines. The poverty thresholds are the original version of the federal poverty measure. They are updated each year by the Census Bureau and used mainly for statistical purposes, such as preparing estimates of the number of Americans in poverty each year. The poverty guidelines are the levels issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs. The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL) but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important." See https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines#guidelines. Accessed August 23, 2021

[3] See Income and Poverty in the United States: 2019, Current Population Report, U.S Census Bureau, 2020 Update accessed 7/29/2021 https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-270.pdf States: 2010 (census.gov)

And How the Census Bureau Measures Poverty. See https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

[4] 2020 Talk Poverty Report. See https://talkpoverty.org/state-year-report/maine-2020-report/

[5] 2021 Maine Kids Count. See https://www.mekids.org/site/assets/files/1773/2021_kidscount_final_interactive.pdf

[6] Lavizzo-Mourey MD, Risa, Open Forum: Voices and Opinions from Leaders in Policy, the Field, and Academia, Robert Wood Johnson Foundation, 2013.

[7]Social Determinants of Health Workgroup. https://health.gov/healthypeople/about/workgroups/social-determinants-health-workgroup

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[9] RK Payne, PE DeVol, T Dreussi Smith. Bridges Out of Poverty: Strategies for Professionals and Communities. 2001.

[10] Register language refers to Martin Loos research on linguistics where he defined five registers in since 1962 as The Five Clocks.

[11] The National Survey on Drug Use and Health: 2019. See https://www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf. Accessed 7/2//21

[12] Any Mental Illness (AMI) is defined by SAMSHA as "having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness." Accessed 7/27/21. https://www.samhsa.gov/find-help/disorders#:~:text=Serious%20mental%20illness%20is%20defined,or%20more%20major%20life%20activities

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[17] S.P. 533 - L.D. 1712, An Act To Support Children's Healthy Development and School Success http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=SP0533&item=5&snum=130

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