



City of South Portland
Community Health Needs Assessment 2023



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ACKNOWLEDGMENTS

The assessment included participation of hundreds of South Portland residents through interviews, focus groups, and a community health survey. The information gathered through these efforts is to guide the City of South Portland to gain a better understanding of what residents see as the City's key assets and leading community health needs, perceived barriers to services, and underlying determinants of health and wellness. While through these various methods we did not reach all South Portland residents, we did reach a comprehensive, representative, and inclusive sample of the population; those involved showed commitment to strengthening the City's ability to serve resident needs – particularly for those who are most at-risk for poor health outcomes.

The City of South Portland Board of Health and JSI would like to thank everyone who was involved in this effort; particularly the city's community-based organizations, service providers, advocates, and community members who invested their time, effort, and expertise in this process. We would like to especially acknowledge the participation and support of the South Portland Community Health Needs Assessment Advisory Committee – a dedicated group of residents who guided the assessment's approach and methods. The Board of Health and JSI would also like to thank departments within the City of South Portland for allowing the assessment to draw on their data resources. This assessment would not have been possible without their support.

INTRODUCTION

The project was informed by a Request for Proposals issued by the City and informed by the Board of Health. During project implementation, the methodology was guided by the formation of a Project Advisory Committee, made up of community members from across the City of South Portland. The project objectives were the following:

- 1) Determine priority areas to focus the efforts of the South Portland Board of Health
- 2) Identify existing community resources, assets, and gaps that may help (or hinder) the ability to meet community health needs in South Portland
- 3) Identify opportunities to use and leverage community resources, with a focus on opportunities for collaboration

The analysis sought to identify the priority health needs of the city with an emphasis on engaging residents whose needs may not be revealed by looking at aggregate data across the community.

Based on the results of primary and secondary data review and analysis, JSI has proposed three priority areas for the City of South Portland's consideration:

- **Mental health**
- **Housing**
- **Climate change and health**

The following report describes the data and findings supporting these priority areas.

METHODOLOGY

Landscape Analysis

The landscape analysis was conducted using existing datasets to describe the city's demographics, and health and social needs. Summary findings were then shared with the Project Advisory Committee and used to support the team in the development of the focus group guides and community survey. For this analysis, factors such as demographics, social determinants of health (income, education, housing, etc.), availability of providers and services, health-related behaviors, and COVID-19 statistics were considered. Data sources included US Census, Behavioral Risk Factor Surveillance System (BRFSS), Maine Integrated Youth Health Survey (MIYHS), U.S. Centers for Disease Control and Prevention Wonder Data. Much of these data were summarized and provided by the Maine Center for Disease Control and Prevention in a variety of reports and public datasets available on their website. All sources are referenced below.

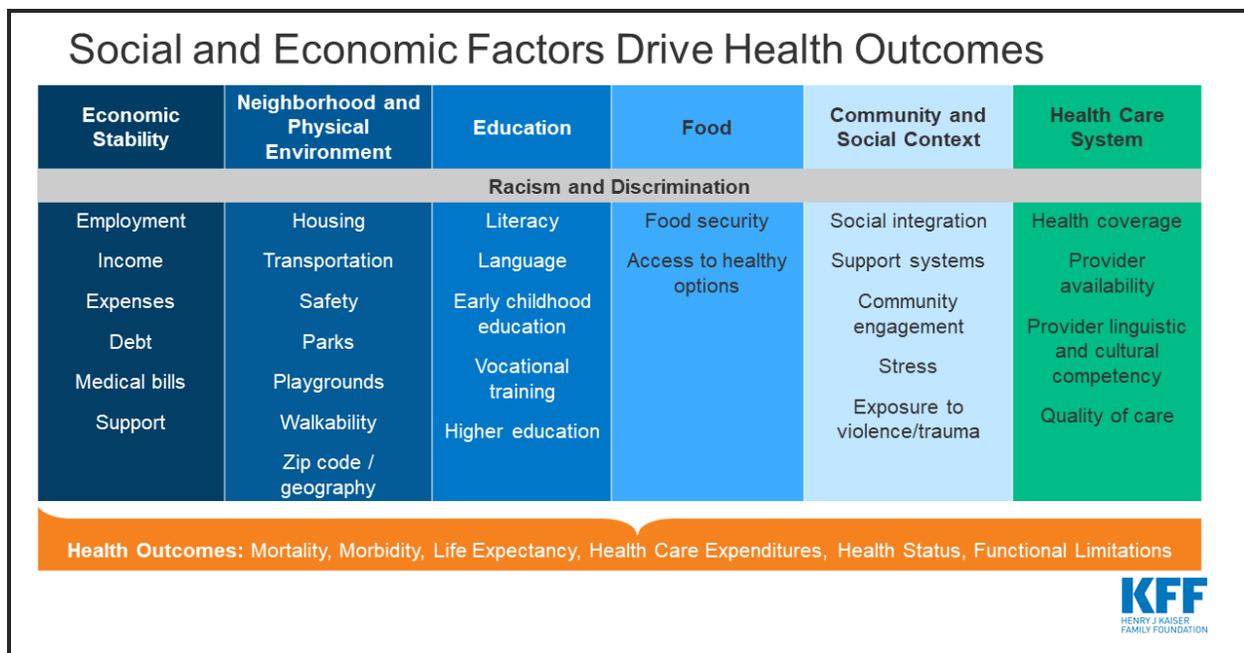
Key Informant Interviews

Key informants were initially identified by the Community Advisory Board and Board of Health recommendations. A total of 20 key informants, including 10 city employees, 1 city council member, and

9 community stakeholders, were interviewed using structured interview guides. Talking points ensuring confidentiality were included in the guides. Interviews were conducted via Zoom. Interviews took place over two months, from August through September 2022.

Community Survey

A community survey was developed to distribute to community members to understand their priority health and social needs utilizing the framework for health drivers provided by the Kaiser Family Foundation:



The survey was not a random sample distribution but was focused on prioritizing key community locations and events. The survey was translated into Portuguese, French, and Spanish to engage non-English speakers in the process.

To understand priority health needs the survey asked:

1. Social and economic factors that drive health outcomes
Economic Stability, Neighborhood and Physical Environment, Education, Food, Community and Social Context, and Health Care System
2. Perceptions of major health issues in the community
Cancer, Heart Disease, Stroke, Asthma & Lung Disease, Maternal Health, Diabetes, Dental Problems, Infection & Contagious diseases, Injuries, Memory & neurological issues, Mental Health issues, Substance use issues, Violence, Other
3. Sources of information on public health, health, and community health community members use

A total of 376 South Portland residents responded to the survey, which was distributed from October 2022-January 2023. Survey analysis included determining frequencies for questions and, for select questions, reviewing how responses differed based on the age of the respondent.

Population Specific Outreach

Based on findings from the Key Informant Interviews (KII) and with guidance from the advisory committee, two priority populations were identified to conduct direct outreach: youth and multilingual city residents. Partner organizations supported recruitment and outreach to individuals. One focus group was held at the high school with the Gay Straight Alliance (GSA); the second was planned with the multi-lingual members. Due to a snowstorm, the multi-lingual focus group in-person event was canceled and replaced with individual interviews. Fourteen participants were engaged in the youth focus group and three individuals participated in the multilingual resident interviews. JSI developed the focus group guides and then facilitated the focus group and interviews.

Limitations

In collecting data, this assessment also had some limitations. Regarding the landscape analysis, some of the data were from 2019 or earlier. The health and social landscape within the service area may have changed significantly since then given the COVID-19 pandemic. For this reason, the key informant interviews and community survey were important to add to the secondary data. Many aspects, such as employment status, housing status, income, health-related behaviors, and more have not yet been quantified based on the effects of the pandemic. Regarding the community survey, there were fewer proportional responses from the Portuguese, Spanish, and French communities than from English-speaking community members.

SUMMARY OF OBSERVATIONS

Population Characteristics

The City of South Portland is located on Portland Harbor and overlooks Maine's Casco Bay. It is the fourth largest city in the state, with approximately 25,600 residents.

Age is a fundamental factor to consider when assessing individual and community health status. Older individuals typically have more physical and mental health vulnerabilities and are more likely to rely on immediate community resources for support compared to younger people. The percentage of the population under 18 years of age (17%) is lower than the state overall (22%), while the percentage of residents over 65 years of age is higher than the state overall (19% vs. 16%, respectively).

Table 1. Age Distribution, 2016-2020

	South Portland	Maine
Under 5 years (%)	3.5%	4.8%
5 to 9 years	3.6%	5.1%
10 to 14 years	5.9%	5.4%
15 to 19 years	6.7%	5.8%
20 to 24 years	8.7%	5.6%
25 to 34 years	14.2%	12.0%
35 to 44 years	10.2%	11.5%
45 to 54 years	12.9%	13.5%
55 to 59 years	9.3%	8.0%
60 to 64 years	6.1%	7.8%
65 to 74 years	10.70	12.20
75 to 84 years	6.0%	5.8%
85 years and over	2.1%	2.6%
Under 18 years of age	16.6%	18.7%
Over 65 years of age	18.7%	20.6%

Source: US Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

An extensive body of research illustrates the health disparities and differences in access and utilization of health care and community services by race and ethnicity. As stated by the Center for American Progress, "these disparities are not a result of individual or group behavior but decades of systematic inequality in American economic, housing, and health care systems." These disparities illustrate the disproportionate and often avoidable inequities that exist within communities and reinforce the importance of understanding demographics to identify populations more likely to experience adverse outcomes.¹ It should be noted that in May of 2022, the South Portland City Council adopted a resolution, proposed by the Board of Health and Human Rights Commission, declaring racism a public health crisis "because the invisible and visible systems it creates damage the health and well-being of all people and cause economic and social harm."²

Most South Portland residents are white (89%), though the percentage of non-white residents is higher than the state overall (Table 2). Approximately 5% of residents identify as Black or African American, 3% identify as Asian, 3% as Hispanic or Latino, and 3% as two or more races.

¹ Center for American Progress. "Health Disparities by Race and Ethnicity." American Progress. <https://www.americanprogress.org/article/health-disparities-race-ethnicity/>

² South Portland City Council. "RESOLVE 40." City of South Portland. https://www.southportland.org/files/2116/5296/4718/RESOLVE_40.pdf.

Table 2. Race and Ethnicity, 2016-2020

	South Portland	Maine
White alone (%)	88.7%	93.7%
Black or African American alone (%)	5.1%	1.4%
Asian alone (%)	2.5%	1.1%
Native Hawaiian and Other Pacific Islander (%) alone	0.00%	0.01%
American Indian and Alaska Native (%) alone	0.54%	0.66%
Some Other Race alone (%)	0.7%	0.4%
Two or More Races (%)	2.5%	2.8%
Hispanic or Latino of Any Race (%)	3.1%	1.7%

Source: US Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Immigrants, refugees, and undocumented individuals are segments of the population that often face significant barriers to accessing health and social services.³ One of the most prominent prohibitive factors that influence if individuals seek or maintain services is fear around immigration status, which leads to distrust and hesitancy.⁴

The percentage of individuals in South Portland that were born outside of the United States is more than double that of the state (10% vs. 4%, respectively). Approximately half of the foreign-born population in South Portland are not United States citizens. Looking across regions of origin among those who were born outside of the United States, 42% were born in Africa. Local reports suggest that the many new refugees and asylum seekers in South Portland have come from the Democratic Republic of Congo, Angola, and Haiti.⁵

³Kaiser Family Foundation. "Health Coverage and Care of Immigrants." Kaiser Family Foundation. [https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/#:~:text=Rfecting%20their%20higher%20uninsured%20rates,of%20care%20\(33%25%20vs.](https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/#:~:text=Rfecting%20their%20higher%20uninsured%20rates,of%20care%20(33%25%20vs.)

⁴Hill, Jessica, Darlene Xiomara Rodriguez, and Paul McDaniel. "Immigration as a Health Care Barrier in the USA During COVID-19." Journal of Migration and Health 4, (2021), <https://www.sciencedirect.com/science/article/pii/S2666623521000039>

⁵"Asylum Seekers Continue to Flow into Southern Maine, Portland Sees 756 New Arrivals in 2023." The Maine Wire. <https://www.themainewire.com/2023/03/asylum-seekers-continue-to-flow-into-southern-maine-portland-sees-756-new-arrivals-in-2023/#:~:text=Local%20media%20have%20reported%20that,making%20a%20claim%20of%20asylum.>

Table 3. Residents Born Outside the United States, 2016-2020

	South Portland	Maine
Foreign-born Population per Capita (%)	9.6%	3.6%
Population that is Naturalized U.S. Citizen (%)	4.5%	2.0%
Population that is Not a U.S. Citizen (%)	5.1%	1.6%
Regions of birth among foreign-born populations		
Region of birth: Europe	14.7%	23.0%
Region of birth: Asia	28.1%	28.5%
Region of birth: Africa	42.2%	16.4%
Region of birth: Oceania	0.0%	1.3%
Region of birth: Latin America	10.7%	10.9%

Source: US Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

In addition to immigration status, language barriers also prevent individuals from engaging in community services, health care, the economy, and other opportunities. In South Portland, 5% percent of the population aged 5 years and older who speak a language other than English speak English less than very well (i.e., have limited English proficiency). This is significantly higher than the state overall (1%).

Table 4. Languages Spoken at Home Among Those 5 Years of Age and Older, 2016-2020

	South Portland	Maine
English Only	85.8%	89.5%
Spanish	1.3%	0.9%
Asian & Pacific Islander Languages	1.7%	0.7%
Indo-European Languages	3.2%	3.5%
Other	4.4%	0.6%
Language Isolated Households (%)	1.1%	0.9%
Speak A Language Other than English and Speak English less than “very well”	4.6%	1.4%

Source: US Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Socioeconomic Status

Socioeconomic status, as measured by educational attainment, income, employment status, occupation, and the extent to which one lives in areas of economic disadvantage, is closely linked to morbidity, mortality, and overall well-being. Lower-than-average life expectancy is highly correlated with low-income status.⁶

Higher levels of educational attainment are associated with improved health outcomes and social development at the individual and community levels. Compared with individuals with more education, people with less education are more likely to experience worse health, more chronic conditions, and more limitations or disabilities.⁷ The health benefits associated with higher education typically include better access to resources, safer and more stable housing, and better engagement with providers.⁸ It is important to note that in many communities, access to educational opportunities varies depending on historical context and resource allocation. Factors associated with low education that affect health outcomes include the inability to navigate the health care system, educational disparities in personal health behaviors, and exposure to chronic stress. Poverty, low educational attainment, and limited job opportunities are among the top social determinants leading to lower utilization of health care services and poor health outcomes.⁹

In South Portland, the percentage of individuals with a bachelor's degree or higher (46%) is significantly higher than the state overall (33%), as was the percentage of individuals with a graduate degree or professional degree (e.g., doctorate, master's degree) (16% vs. 12%, respectively).

⁶Krieger, Nancy, Pamela D. Waterman, Jarvis T. Chen, and Mathew J. Soobader. "Substantial Mortality Disparities Associated with COVID-19 in Massachusetts: Differences by Race/Ethnicity, Place, and Cause of Death." *American Journal of Public Health* 111, no. 11 (2021): 2050-2058. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4866586/#:~:text=The%20gap%20in%20life%20expectancy,life%20expectancy%20increased%20over%20time>

⁷Ibid.

⁸U.S. Department of Health and Human Services. "Enrollment in Higher Education." *Healthy People 2030*. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/enrollment-higher-education#:~:text=One%20study%20showed%20that%20people,obtain%20any%20higher%20education%20degree.&text=Regardless%20of%20how%20old%20someone,social%20interaction%20and%20intellectual%20stimulation.>

⁹Ranganathan, Priya, and Ann-Leslie Zaslav. "Using State Administrative Data to Measure Healthcare Equity: Challenges, Opportunities, and Recommendations for States." *Health Equity* 2, no. 1 (2018): 30-36. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880718/>.

Table 5. Educational Attainment for Residents 25 Years of Age and Older, 2016-2020

	South Portland	Maine
Less than 9th grade (%)	2.0%	2.3%
9th to 12th grade, no diploma (%)	2.2%	4.5%
High school graduate (includes equivalency) (%)	22.6%	31.3%
Some college, no degree (%)	18.3%	19.2%
Associate’s degree (%)	9.5%	10.2%
Bachelor’s degree (%)	29.2%	20.3%
Graduate or professional degree (%)	16.3%	12.2%
High school graduate or higher (%)	95.9%	93.2%
Bachelor’s degree or higher (%)	45.5%	32.5%

Source: US Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Like education, income influences all aspects of an individual’s life, including the ability to secure housing, needed goods (e.g., food, clothing), and services (e.g., transportation, health care, childcare). It also affects one’s ability to maintain good physical and mental health. Lack of gainful and reliable employment is linked to several barriers to care, including lack of health insurance, inability to pay for health care services and copays, and inability to pay for transportation to enable individuals to receive services. Some struggle to find and retain employment for a variety of reasons from mental and physical health issues, to lack of childcare, to transportation issues and other factors. Many of the issues associated with COVID-19 are exacerbated by issues related to socioeconomic status (SES). Research has shown that test positivity rates and testing delays were higher in low SES municipalities; indeed, there is a strong correlation between low SES and COVID-19-attributed deaths. Data show that people in low SES municipalities were unable to reduce their mobility (e.g., quarantine, work from home, social distance) as much as those in more affluent communities.¹⁰

The median household income in South Portland was significantly higher than the state overall (\$67K vs. \$59K, respectively). Looking across population types (Table 6), the percentage living in poverty was lower than the state overall. While these figures are encouraging, there are pockets of poverty throughout the City, especially among those who are newer immigrants or refugees.

¹⁰Mena, Gonzalo, Pamela Martinez, Ayesha Mahmud, Pablo Marquet, Caroline Buckee, and Mauricio Santillana. “Socioeconomic Status Determines COVID-19 Incidence and Related Mortality in Santiago, Chile.” *Science* 372, 6545 (2021). <https://pubmed.ncbi.nlm.nih.gov/33906968/>.

Table 6. Educational Attainment, 2016-2020

	South Portland	Maine
Median household income (dollars)	\$67,198	\$59,489
Populations living in poverty		
Individuals overall	9.7%	11.8%
Individuals under 18 years of age	9.3%	14.0%
Individuals over 65 years of age	7.8%	8.5%
Families	6.0%	7.9%
Female head of household, no spouse present	14.8%	26.5%

Source: US Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Housing

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious diseases, and poor mental health. At the extreme are those without housing, including those who are unhoused or living in unstable or transient housing situations. People without secure housing are more likely to delay medical care and have premature mortality rates up to four times higher than those who have secure housing. Adults who are experiencing homelessness or living in unstable situations are more likely to experience mental health issues, substance use, intimate partner violence, and trauma; children in similar situations have difficulty in school and are more likely to exhibit antisocial behavior.

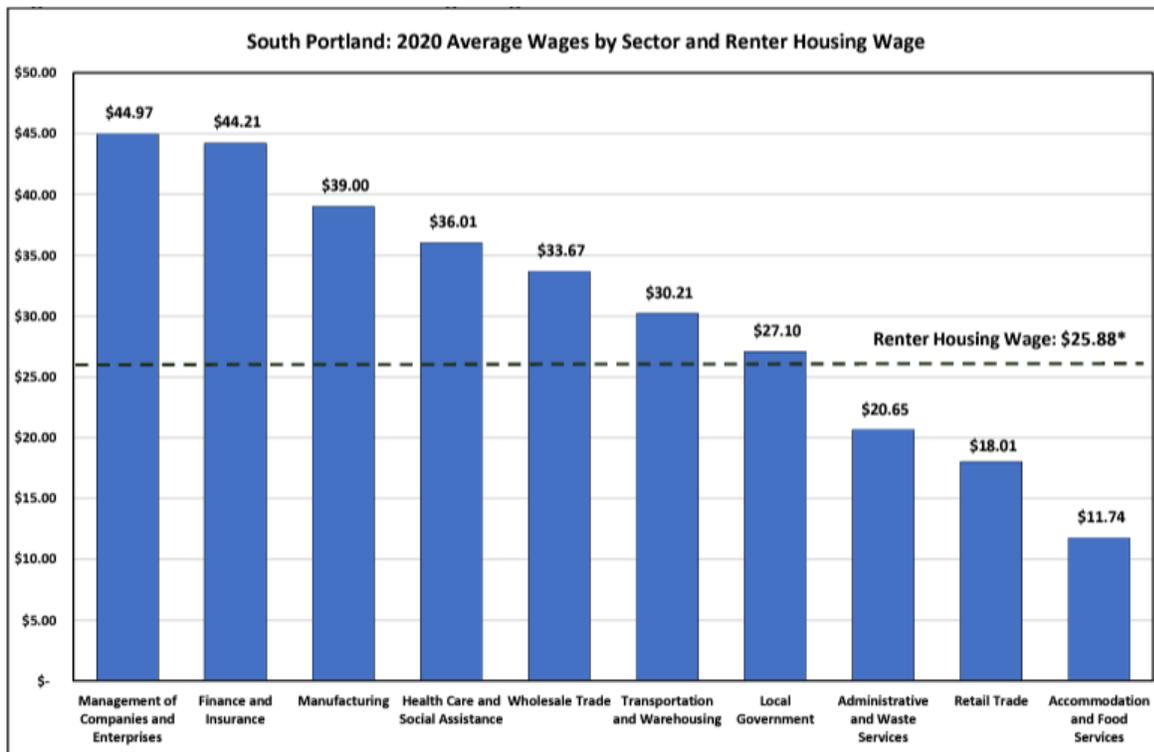
Over the past several years, South Portland and its surrounding communities have become homes for refugees and asylum seekers fleeing civil unrest in their native countries. The City has made significant efforts to house these new Mainers; City officials report there are nearly 800 homeless residents and asylum seekers housed in South Portland motels and hotels, which have been converted into affordable living space to accommodate housing needs for these populations.¹¹

The housing situation in South Portland is like that in many major municipalities in the northeast region of the United States; all forms of housing are expensive, and costs have increased sharply over the past several years. As seen in the figure below, taken from the South Portland Housing Needs Assessment and Strategy, wages in nearly all sectors have not kept up with the increasing housing costs, making it difficult for individuals to purchase and rent homes in the region. The average price of a single-family home in 2020 was \$356,700.¹²

¹¹ Crane Associates Inc and Economic & Policy Resources. "City of Portland Housing Needs Assessment and Strategy." [https://go.boarddocs.com/me/sport/Board.nsf/files/CF9GZQ46438A/\\$file/Att.%201%20-%20Final%20Housing%20Report_05.20.2022.pdf](https://go.boarddocs.com/me/sport/Board.nsf/files/CF9GZQ46438A/$file/Att.%201%20-%20Final%20Housing%20Report_05.20.2022.pdf)

¹² Ibid.

Figure 1. South Portland 2020 Average Wages by Sector and Renter Housing Wage



Source: South Portland Housing Needs Assessment and Strategy, 2022

Healthy Food Access

Food insecurity is one of the nation’s leading health issues; research has shown that food-insecure children are at least twice as likely to be in poor or fair health and more likely to have asthma than children who are not food insecure.¹³ Food-insecure older adults are more likely to have depression, asthma, diabetes, and congestive heart failure compared to those who are not.¹⁴ Food insecurity is more prevalent among households of single-parents, Black, Hispanic/Latinx, individuals with disabilities, older adults with chronic conditions, and immigrants.^{15,16,17}

¹³ Chandra, Amitabh, Jonathan Skinner, and Kevin Williams. "The Innovation Gap: How Excessive Spending and Misaligned Incentives Limit Breakthroughs in Medicine." *Health Affairs* 34, no. 2 (2015): 222-228.

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645>.

¹⁴ "Senior Hunger Research." Feeding America. Accessed May 18, 2023. <https://www.feedingamerica.org/research/senior-hunger-research/senior>.

¹⁵ Benjamin, Kelsey Hunt, and Timothy M. Lash. "Addressing Racial Disparities In Maternal Mortality: Multidimensional Approaches." *Health Affairs Blog*, May 13, 2021. <https://www.healthaffairs.org/doi/10.1377/hblog20210513.420153/full/>.

¹⁶ Food Research & Action Center. "Hunger Is a Health Issue for Older Adults." <https://frac.org/wp-content/uploads/hunger-is-a-health-issue-for-older-adults-1.pdf>.

¹⁷ "Why Hunger Hits Immigrants and Refugees Harder." Embarc Iowa. <https://www.embarciowa.org/blog/why-hunger-hits-immigrant-and-refugees-harder>.

In South Portland, approximately 9% of households receive Supplemental Nutrition Assistance Program (SNAP) benefits compared to the state percentage of 13%. This indicator is relevant because it identifies vulnerable populations that are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment and provide resources to patients.

Beyond the ability to simply access enough food, the nutritional value of the food available to the population should also be considered. In Cumberland County, 4% of residents reported that they had limited access to healthy foods.¹⁸

Built Environment and Accessibility

The built environment, and one's ability to navigate their community, have significant influences on health. Whether an individual has access to affordable and available public transportation, walking and biking routes, safe sidewalks, and green space directly affects their ability to work, attend school, receive health care and other services, exercise, and more.¹⁹ It is important that the community is accessible to all individuals, including those with disabilities.

The City of South Portland has many natural and structural assets. The City released an Open Space Plan in 2019, which aimed to identify existing open spaces and presented a strategy for preserving and expanding open space networks in the city. As part of this effort, a community survey was disseminated to residents, with more than 700 responses. Nearly 90% of respondents said that open space was important to them and their families; the highest priorities were to protect significant natural resources and wildlife habitats, maintain community character, and provide open space that was easily accessible. Currently, the city has 375 acres (4% of total land area) devoted to city and school parks, 25 acres in conservation easements, and more than 12 miles of trail networks.²⁰

Health Care Indicators

Whether an individual has health insurance – and the extent to which it helps pay for needed acute services and access to a full continuum of high-quality, timely, and accessible preventive and disease management or follow-up services – is critical to overall health and well-being.²¹ Access to a usual source of primary care is particularly important, since it greatly affects the individual's ability to receive regular preventive, routine, and urgent care and to manage chronic diseases. In South Portland, the percentage of individuals with private health insurance coverage (76%) is significantly higher than the state overall (71%), while the percentage with public coverage is significantly lower (30% vs. 37%, respectively).

¹⁸ Ibid.

¹⁹ Centers for Disease Control and Prevention. "Impact of the Built Environment on Health." 2011. <https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf?>

²⁰ "Open Space Plan, City of South Portland, Maine." 2019. https://www.southportland.org/files/6415/9421/4011/Open_Space_Plan_Appendix_Q_to_Comprehensive_Plan.pdf

²¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881446/>

Table 7. Health Insurance Coverage Among Civilian Non-Institutionalized Population, 2016-2020

	South Portland	Maine
With health insurance coverage	93.20%	92.40%
With private health insurance	76.10%	70.80%
With public coverage	30%	37.20%
No health insurance coverage	6.80%	7.60%

Source: US Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Research has shown that individuals with physical, mental, and intellectual disabilities experience significant disadvantages related to the social determinants of health and associated disparities, including lower levels of educational attainment and income, lower screening rates, higher rates of obesity, and more difficulty accessing health services.²² In health care, there has been increasing recognition of health disparities by demographic characteristics (e.g., race, ethnicity, income, gender identity), but less so for those with disabilities.²³

In South Portland, 13% of residents identify as having a disability. The percentage of young people under 18 years of age with a disability (3%) is significantly lower than the state overall (16%), as is the prevalence among the 18-64 years population.

Table 8. Percentage of the Population with a Disability, 2016-2020

	South Portland	Maine
Percent of population with a disability	12.7%	15.9%
Under 18	3.4%	8.6%
18-64	16.7%	24.7%
65+	74.9%	71.1%

Source: US Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

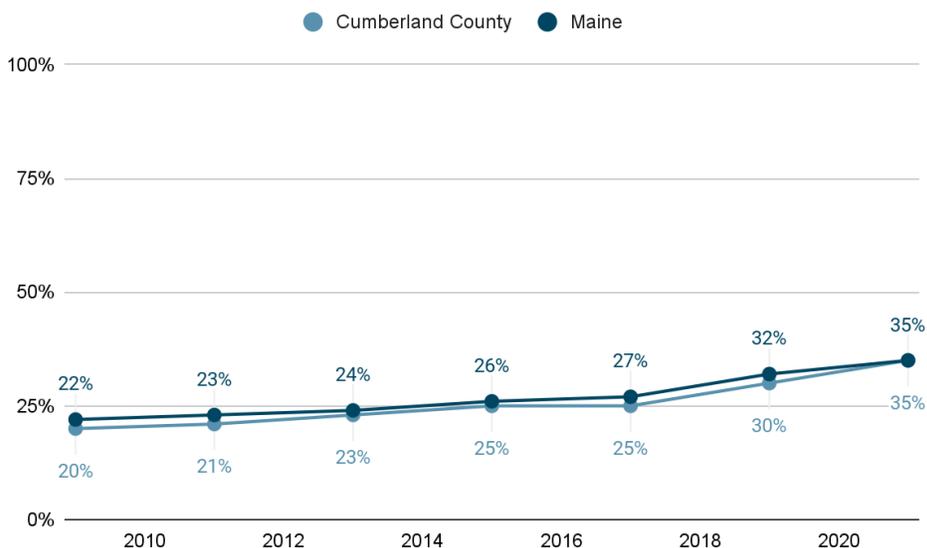
Mental health, including depression, anxiety, stress, and trauma, was overwhelmingly cited as the leading health concern for both youth and adult residents in South Portland. Mental health issues among youth have been increasing in Cumberland County over the last decade and were significantly higher in 2021 compared to 2009 (Figure 2). In fact, in 2021, more than one-third of high school youth in Cumberland County (35%) reported feeling so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities. Participants in focus groups and interviews discussed the significant burden of stress and anxiety, especially as it relates to socioeconomic status (e.g., poverty,

²² <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0613?>

²³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4355692/?>

income, cost of living) and trauma, as experienced by refugees and asylum seekers. The population experiences profound long-term effects on mental health and emotional well-being as a result of marginalization and disenfranchisement.

Figure 2. Percentage of Cumberland County High School Youth Feeling Sad or Hopeless, 2009-2021



Source: *Maine Integrated Youth Health Survey (High School, 2009-2021)*. Percent that answered “Yes” to the question: “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”

Substance use was also identified as a concern, particularly as the opioid crisis persists and continues to impact the health and well-being of residents, families, and entire communities. In Cumberland County, drug-induced deaths have increased significantly over time, from 12.3 per 100,000 in 2007-2011 to 27.3 per 100,000 in 2015-2019. The rate of alcohol-induced deaths and past 30-day cannabis use among adults has also increased significantly over time, as seen in Table 9.

Youth substance use of cannabis and tobacco are priority concerns of South Portland youth as reported in our youth focus group. Data from the 2021 Maine Integrated Youth Health Survey report that in South Portland, 32.3% of students have ever used an electronic vape product, 16.3% of students said they used an electronic vape product in last 30 days, and 20.1% of students said they used marijuana at least one time in last 30 days.

We know that Cumberland County is the most populous county in the state – it also typically has the highest number and proportion of drug-related deaths. Between January-July of 2022, there were 75 drug deaths in Cumberland County, accounting for 19% of drug deaths across the state.²⁴

²⁴ Maine Drug Data Hub. 2022. <https://mainedrugdata.org/interactive-data-dashboards/>

Table 9. Substance Use Statistics

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
SUBSTANCE USE							
Overdose deaths per 100,000 population	2019 33.9	2020 32.5	○	2020 37.3	○	2019 21.5	N/A
Drug-induced deaths per 100,000 population	2007-2011 12.3	2015-2019 27.3	!	2015-2019 29.5	○	2019 22.8	N/A
Alcohol-induced deaths per 100,000 population	2007-2011 6.9	2015-2019 11.4	!	2015-2019 11.6	○	2019 10.4	N/A
Alcohol-impaired driving deaths per 100,000 population	2018 1.4	2019 1.7	N/A	2019 3.8	N/A	2019 3.1	N/A
Drug-affected infant reports per 1,000 births	2017 41.7	2018-2019 29.4	★	2018-2019 73.7	★	—	N/A
Chronic heavy drinking (adults)	2012-2014 7.9%	2015-2017 9.9%	○	2015-2017 8.5%	○	2017 6.2%	N/A
Binge drinking (adults)	2012-2014 19.8%	2015-2017 19.7%	○	2015-2017 17.9%	○	2017 17.4%	N/A
Past-30-day marijuana use (adults)	2013-2016 11.1%	2017 17.0%	!	2017 16.3%	○	—	N/A

Source: Image taken from the Maine Shared Community Health Needs Assessment Cumberland County Report

Cardiovascular and cerebrovascular diseases, such as heart disease and stroke, are affected by several health and behavioral risk factors, including obesity and physical inactivity, tobacco use, and alcohol use. Hypertension, or high blood pressure, increases the risk of more serious health issues, including heart failure, stroke, and other forms of major cardiovascular disease. Nationally, rates of high blood pressure and heart disease vary by race and ethnicity. For example, high blood pressure is more common among non-Hispanic Black adults (54%) than white adults (46%), and less common among non-Hispanic Asian adults (39%), or Hispanic adults (36%).²⁵ Additionally, age-adjusted death rates for heart disease are highest among non-Hispanic Black adults (208 per 100,000) compared to white (168.9), Hispanic (114.1), and Asian/Pacific Islander (85.5) adults.²⁶ Intersectionality recognizes that health disparities by race and ethnicity are not solely influenced by one's racial or ethnic identity but also by the intersections of various social identities, such as gender identity, socioeconomic status, and sexual orientation, which further compound and exacerbate inequities in health care outcomes.

The most common risk factors for cancer are age, family history of cancer, alcohol and tobacco use, diet, exposure to cancer-causing substances, chronic inflammation, and hormones. Nationally, cancer incidence and mortality rates continue to decline, as recommendations and requirements around screening and preventative care are implemented.

²⁵ Centers for Disease Control and Prevention. "High Blood Pressure Facts." <https://www.cdc.gov/bloodpressure/facts.htm>.

²⁶ Centers for Disease Control and Prevention. "National Center for Health Statistics: Heart Disease Spotlight." https://www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight_2019_0404.pdf.

Looking across chronic disease risk factors, percentages in the South Portland-Portland Major Metropolitan Statistical Area are low compared to Maine overall. The only exception is the percentage of adults ever told that they had high blood pressure (30% vs 28%, respectively).

Table 10. Chronic Disease Risk Factors

Chronic Disease		
Risk factors	South Portland-Portland MMSA	Maine
Percent of Adults who are Obese (%) (age adjusted)	28.7%	31.8%
Diagnosed diabetes among adults aged >=18 years (%)	7.5%	10.4%
Adults ever told by doctor that they had angina or coronary heart disease (age-adjusted) (%)	2.5%	4.1%
Adults ever told by doctor that they had high blood pressure (age adjusted) (%)	30.0%	28.4%
Adults ever told by doctor that they had high cholesterol (age-adjusted) (%)	27.5%	28.0%

Source: Image taken from the Maine Shared Community Health Needs Assessment Cumberland County Report

KEY INFORMANT INTERVIEW FINDINGS

Key informants were asked several questions related to community needs, specifically related to access to primary health care, how the COVID-19 pandemic has affected the community, health priorities and challenges faced, and what role they see community partners playing in advancing community health. Interviews took place virtually and engaged residents and service providers in South Portland.

From the community survey and interviews, the most common pressing health concern was mental health for youth and adults. While COVID-19 played a role in increasing mental health needs, problems were exacerbated by gaps in access to mental health care appointments and mental health providers.

Challenges related to the social determinants of health

The City’s social service needs are diverse and acute. There is concern that even with many partners at the table there remains an absolute gap in social services to support needs. Emergency service calls have increased, and many of the calls are a result of unmet social service and mental health needs.

Organizations that provide social services have struggled to meet demands due to both increased needs and reduced capacity of their workforce. It is important to recognize that workforce challenges across health, education, and social services serve as significant barriers to adequately meeting the needs of communities. Interviewees noted the importance of getting to the root causes of things like mental health struggles, such as housing instability. There is also concern about the impact of climate change on the future health of community residents. Among educational needs, both interview and survey findings identified early childhood education and daycare as priority needs.

“From a climate change perspective, heat is the priority concern. Power outages and high heat- as highest areas of need in terms of immediate impact.” - KII

“Biggest gap we have in supporting families through our housing programs is childcare.” - KII

“People are sick of living in transient spaces, housing is the need. Unstable housing affects people’s behaviors and moods.” - KII

Most pressing health concerns in the community

Mental health needs were raised as a concern for residents in every age group: youth, adults, and older adults, as well as for new and long-term city residents. While mental health support is a need across age groups, one interviewee noted that the gap for adults is higher because people are willing to jump in sooner and provide options for youth from a wraparound perspective. For adults, later in life especially, the connections to community supports are different and more difficult to access. Related to mental health, there are increases in violence in the home as reported by public service interviewees. There are advocacy resources to support these families but the mental health services gap remains.

“All residents are having a hard time with mental health, there has been a large decline. For a lot of people being home put them in crisis mode. A lot of people fell away from important structures that kept them healthy and impacted sobriety. There are not enough services to support mental health, it felt like not enough before but now we are really tapped.”-KII

Substance use disorder is another priority concern. From an emergency response perspective, mental health and substance use are leading reasons for calls. The efforts in substance use prevention for youth were recognized as a current strength and asset. For adults in need of support, informants noted that while there are increasing resources and supports, there are still many people in need. The visibility of substance use in the community has increased and this is worrisome for residents.

Disparities

Multilingual staff is a need across the city and community organizations to best support multilingual residents. Schools and health providers note that a primary limitation to their ability to provide support is having staff with diverse language skills. The language line²⁷ is widely used as a supportive resource by health providers and schools but it is insufficient to meet the complexity of communication needs.

For multilingual residents, some health disparities are attributed to care delays due to travel and country of origin. There are undiagnosed illnesses and contraceptive needs. Related to behavioral health, medical providers are seeing mood disorders, lack of sleep, isolation, and experience of trauma among youth and adults. Delayed dental care also presents a need for dental services. More discussion about these needs is below, in the section describing interviews with multilingual residents.

²⁷ A language Line allows a service provider, clinician, or educator to access a translator by phone to communicate with people who speak a language other than English.

“During the COVID-19 pandemic, South Portland became ground zero for our work to support multilingual unhoused, refugee and asylum-seeking residents.” – KII

Existing Resources and Gaps

Which organizations in the community do you see as critical to improving the health in the city?

City

City departments and committees are a resource to address some of these gaps. The Office of Sustainability is actively working on human health and climate impacts. One example underway is the collaboration between the City of South Portland Office of Sustainability and the Human Rights Commission on heat mapping. Interviewees talked about the potential for additional participation and collaboration of city departments on public health issues.

Schools

The school has become a social service provider for students and their families, meeting health and social needs. Social workers in schools support food access, transportation, and housing assistance. The integration of health clinics into schools has benefited students and parents. Based on feedback from interviewees, one of the benefits of school-based health care is that it provides an opportunity to build relationships and trust with students, which then allows students to seek services for sometimes stigmatized needs related to mental health. It also allows health care providers to bring a more trauma-informed approach because they can take time to address needs at a slower pace by reconnecting with patients.

“The school system is an incredible asset. They partner with other community-based organizations, they provide food and transportation for multilingual residents, and they are actively working to provide a safe and supportive space for youth that have challenging situations at home.” -KII

Community-Based Organizations

There is a wide range of community-based and social service organizations contributing to the health and well-being of South Portland residents. There are so many that it is hard to catalog all of them and their services. Below are resources identified by interviewees; this is not an exhaustive list:

- Avesta Housing, Catholic Charities, Prosperity Maine, and The Opportunity Alliance support multiple social service needs for families and multilingual residents.
- Greater Portland Health is expanding services in South Portland through its school-based health clinics. They opened the clinic in South Portland High School in January 2022, and began to bring in families living in the hotels for initial visits and then connected adults to other sites for continuing care. Proximity to school and connection to school helped engage families in care. They have medical providers, social workers for counseling, a psychiatric nurse practitioner, and dental hygiene.

- For mental health, Sweetser, The Opportunity Alliance, and Day One, are working in partnership with the South Portland Police Substance Use Liaison. There is a willingness for collaboration, but the capacity of all organizations makes it difficult to meet the need.
- The HUB program in South Portland provides monthly meals and social connections for residents.
- The Maine Association for New Americans (MANA) is an immigrant-led organization working with partners across the state in policies, programs, and systems to support New Americans.

What opportunities do you see for further collaboration and coordination across community partners to improve health?

Key informants noted many existing partners and organizations in the city. They also noted it is a good time to think about collaboration as COVID-19 hindered relationship building and partnership development. The key areas they identified were opportunities to build relationships across city departments to collaborate on public health, and that with turnover in City staff, some of those collaborations need to be reinvigorated. Beyond building relationships, there are also opportunities for more effective information and data sharing that supports effective service provision and promotion. One very specific example is that Maine emergency response data are not linked to the Health Information Exchange, which limits information for health providers.

“I would like to see a hub of public health for South Portland, right now I’m unsure who is the hub.”- KII

“COVID was hardest challenge because it limited face to face conversations and building partnerships.”- KII

“Need to figure out actionable items to do; approaching it from building community resilience.”- KII

As an underlying need, more than one KII noted the opportunity to, as a community, prepare for and understand diversity among city residents. One person noted this is an exciting opportunity to think about how the City evolves as a community and welcomes new members.

“With the influx of people that look and speak differently, it is important to think about how to address racism, train on bias, engage the community and prepare the workforce.”- KII

Given the lack of mental health services, several interviewees brought forward the idea and need for more peer supportive services. This type of service could address workforce challenges and improve the accessibility of mental health supports, both in terms of where they are provided and the cultural acceptability.

POPULATION SPECIFIC FINDINGS

Based on KIIs and input from the community advisory body, two populations were identified as priorities to ensure their unique experiences and health needs were uplifted: Multi-lingual residents living in temporary housing, and youth. Understanding the needs of multi-lingual residents was gleaned through individual residents as well as with those working in city- and community-based organizations that

support those residents. Youth perspectives were captured through a focus group with high school youth members in the Gay Straight Alliance at the high school.

Multilingual Residents with Temporary Housing

When asked about health care and social needs, the primary concerns, and barriers for multilingual residents are housing and access to language education as a prerequisite to meeting all other needs and accessing other essential services.

“I am a mom with young kids. They are learning English and I am looking for ways to learn English too. To me- learning English is the most important thing to support my family.”

“It took me nine months to find an apartment. It wasn’t easy at all. I don’t know if it’s like this for all Maine citizens, but as an immigrant, things are difficult because we have to follow a strict process. Right now I don’t have a job because I don’t have a work permit. I would like to get my work permit and start to work. Things would get easier-paying for a home and food and phone. How can I learn English if I don’t have a phone? How can I learn English if I am facing all of these other things? I need to take time to learn, but it’s not easy.”

There are several service providers supporting multilingual families, including Avesta Housing, Catholic Charities, Prosperity Maine, The Opportunity Alliance, The Locker Project, South Portland Housing Authority, and South Portland school staff, including the multi-cultural coordinator, Director of Community Partnerships, and school-based McKinney-Vento social workers. These partners are supporting a range of needs inclusive of navigating housing, food access, health care access, school systems, and adult language education. Additional needs include support with immigration papers and legal assistance. The range of community partners is diverse and rich; however, even with this collective effort, service providers have been overwhelmed by the number of people in need. Of particular urgency and concern is that accessing housing is complex and takes a long time.

“Priority is housing. We know that. But, transportation in Maine is another challenge, especially for us. I have a son who is sick with sickle cell anemia. Sometimes I can’t get a care to get him to the hospital. It’s very hard for him. When people tell me that a car should not be a priority for me, I feel so disrespected.”

In terms of health care access, individuals’ concerns include ensuring they have adequate preventive and acute care. For those living in the hotels, one interviewee noted there are a variety of complex health needs for residents, including for pregnant women who have inadequate access to prenatal care. Without good access, these residents are making frequent calls to EMS. The fire chief noted that a large portion of calls to EMS are for non-urgent needs both health and other social services. When people are unfamiliar how to access help, EMS becomes the default. Transportation access and affordability, as well as knowledge of the transportation systems, are major barriers to health services. Another barrier is learning about and understanding the US health care delivery system (e.g., understanding that the quality of care in an outpatient clinic has the same quality of medical staff as a hospital for non-acute health needs).

For multilingual youth, access to health physicals is a critical need. These are essential for preventive care, and as a prerequisite to participate in school athletics. Many interviewees noted the value of athletic participation for multilingual youth to support their overall well-being through building social connections and improving language skills, physical fitness, and mental well-being. Access to physicals has been difficult for students as parents don't have established primary care or transportation. Access has been improved by the school-based health clinics run by Greater Portland Health; interviewees raised that supporting this access is important and essential for youth.

"We had 50 new multilingual students this summer that needed health physicals and it was a struggle. Greater Portland Health helped, but more capacity was needed. For youth mental health the needs are great and we have two regular education social workers for the district."

In addition to the school support for athletics, the South Portland Community Center has been an important resource for access to swimming lessons for youth. The swimming program partnership between the school and community center has been recognized as a model program to engage youth and support their physical and mental well-being.

Youth

Conversations with youth built on findings from the community-wide survey by exploring their perspectives on key issues. The areas of concern they brought forward are walkability, and relationships between youth mental health, social cohesion/integration of people of color, and substance use.

Physical Environment

Youth in South Portland are appreciative of living in a community with close access to beaches, and access to parks and woods. Walkability of the community is important for both health and social connection. Students note they wish the mall area was more accessible for those without vehicles. Specific issues are quality of sidewalks, roads for biking, visibility, and sand clean up in the spring. One student noted *"Early spring is hard for walking home because of the sand."*

Most of the students who participated in the focus group have access to a car and drive, but they felt like walkability and bike access was important. They noted the geography of South Portland as "really long," so many kids tend to spend time in only one part of the city.

Social Cohesion, Race and Mental Well-being

Youth of color shared that ignorance related to cultural diversity harms their well-being.

"I'm a school board representative, so I think that part of potential intolerance is that it is a new thing, in that this amount of cultural diversity is new for the city of South Portland. I wouldn't call it non-tolerance."

"I moved here from away, and as a non-white student people ask me weird things. It's a difference growing up where there are lots of people of color, versus a place where there are few people of color."

Those comments can be annoying, and this can change how I feel around white people. Most of my friends are people of color, because over time it does create a divide."

At the same time, other students noted that relative to other parts of Maine, South Portland is more diverse. Students were hopeful that the merger of the middle schools would bridge relationships of students at a younger age.

Students provided insight into efforts underway to improve cultural understanding, as well as opportunities.

"By having people with many different languages, it is creating more space for cultural diversity. Not just changing the demographic, but also understanding the stigma of language."

Students acknowledged that participation in athletics and the arts is important for all youth in their well-being and in addressing cultural diversity. Students noted that, in general, they felt athletics were more accessible and welcoming to multilingual students than arts programming.

"The coaches for the sports are trying to be very inclusive. The track coach is a very knowledgeable and conscientious person. Music has not been so accessible. For new multilingual students there was not outreach to support them in learning to read music."

When talking about support systems, youth identified the importance of supportive adults in school and in "chosen spaces."

"High school, and in South Portland, majority of supports are in the places "you choose to be" – the problem is that many of those spaces have not been made available to New Mainers. One example is 'math team'- they are really uptight about the rules. They won't allow any translations- not fair for someone who would need a dictionary to read it. Printing it in different languages would be great. Translation technology is pretty advanced so I think we should be able to offer this to people who don't read English well enough as those students."

"Most of my teachers, I feel comfortable going to them. Having that trust with your teachers is really beneficial."

Other concerns students raised included having accommodations for neurodivergent students and ensuring access to supportive services through a 504 plan. Several students noted how important that has been for their educational and mental well-being.

Substance Use

The primary health concerns noted by students were use of tobacco, vaping and cannabis. Students noted that people are casually vaping in school and during school hours.

“Vaping in the bathrooms is a concern- It makes me sad that seeing it so common, and the damage it does to you.”

Several students voiced their concerns about bathrooms feeling like uncomfortable spaces as pockets of students use these spaces for vaping, and more generally as “hang out” spaces where students see food left behind, and smell cannabis. One student noted they have received direct messages during school hours from other students asking if they want to “buy weed.”

COMMUNITY SURVEY FINDINGS

Survey Demographics

A total of 376 residents responded to the community survey. The below demographic table (Table 11) shows the distribution of respondents by demographic characteristics. The survey was distributed from October of 2022 to January of 2023 in both web- and paper-based formats. The survey was advertised through postings on the City of South Portland’s website, local mailing lists, word of mouth, and posters hung in community spaces. Paper copies of the survey were also distributed and collected at community-based events and locations, including The HUB in Brick Hill/Red Bank, Age Friendly Health Fair, South Portland Farmers Market, South Portland Public Library, and the South Portland Community Center.

Survey respondents were predominantly white (77%), cis women²⁸ (66%), between the ages of 25-64 years (66%), who had always lived in the United States (90%). Thirteen percent (13%) identified as an individual with a disability and 11% as gay, lesbian, bisexual, or asexual. About half (47%) earned less than \$75,000 per year, and the majority were homeowners (80%).

Respondents were asked if they work, live, or learn in South Portland. Almost all the respondents (90%) live in the city, 45% work in South Portland, and 9% learn here. All neighborhoods were represented, with the highest percentages from Meetinghouse Hill (17%), Willard (10%), Thornton Heights (10%), and Highland (9%).

Table 11. Demographics of Community Survey Respondents

	%	n
Age		
Under 18	0%	1
18-24	2%	6
25-44	34%	110
45-64	32%	105
65-74	24%	79
75-84	6%	20
Over 85	1%	3

²⁸ Cisgender is a term that is used to describe people whose gender identity matches the sex they were assigned at birth.

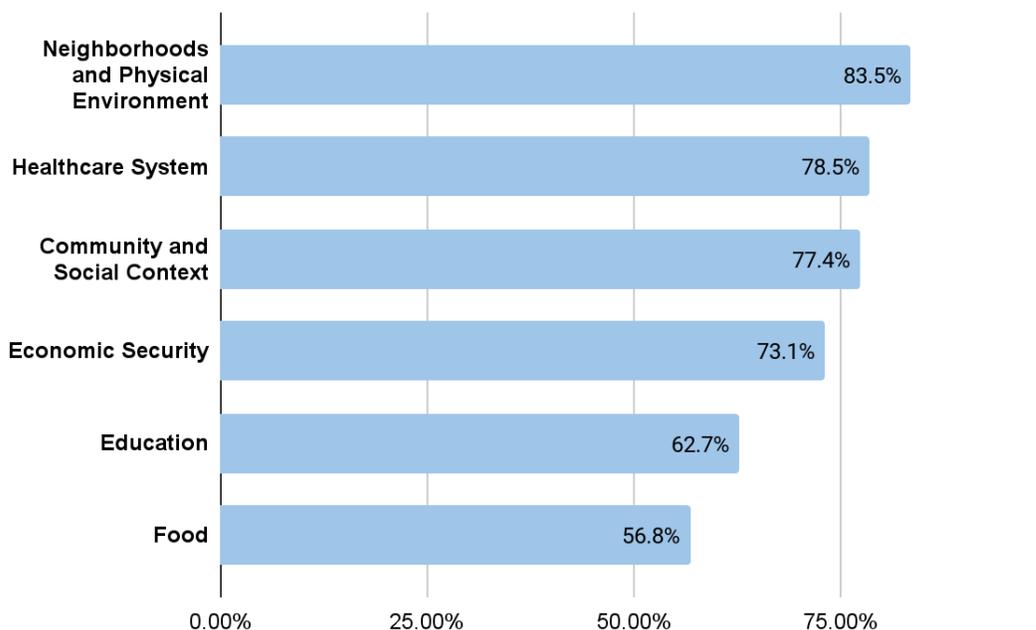
	Prefer not to answer	1%	4
Race			
	American Indian/Alaska Native	1%	5
	Asian	1%	5
	Black/African American	2%	6
	Hispanic/Latino	2%	6
	Native Hawaiian/Other Pacific Islander	0%	0
	White	77%	288
	Prefer to self-describe	0%	1
	Prefer not to answer	5%	19
Person with a Disability			
	Yes	13%	42
	No	84%	275
	Prefer not to answer	3%	10
Sexual Orientation			
	Asexual	2%	7
	Bisexual	4%	13
	Gay or Lesbian	5%	17
	Straight or Heterosexual	77%	247
	Prefer not to answer	12%	38
Gender Identity			
	Genderqueer/Gender non-conforming	1%	4
	Man	26%	80
	Transgender Man	0%	0
	Transgender Woman	0%	0
	Woman	66%	214
	Prefer to self-describe	2%	5
	Prefer not to answer	7%	23
Length of Time Lived in U.S.			
	Less than a year	0%	0
	1-3 years	2%	6
	4-6 years	0%	1
	More than 6 years, but not entire life	5%	15
	Always lived in U.S.	91%	299
	Prefer not to answer	2%	7
Housing Situation			
	Rent home	13%	42
	Own home	81%	261
	Staying with another household	2%	5

Experiencing homelessness/In shelter	0%	1
Prefer not to answer	5%	15
Individual Total income (before taxes)		
Under \$15,000	2%	8
\$15,000-\$29,999	9%	30
\$30,000-\$49,999	15%	49
\$50,000-\$74,999	21%	69
\$75,000-\$99,999	13%	44
\$100,000-\$150,000	11%	36
Over \$150,000	11%	35
Prefer not to answer	17%	56

Issues of Concern

South Portland residents were most concerned about their neighborhoods’ physical environment (84%). A majority were also concerned about the health care system (79%), the community and social context (77%), and economic security (73%). Fewer, although still a significant amount, were concerned about education (63%) and food (57%).

Figure 3. Overall Issues of Concern for the South Portland Community

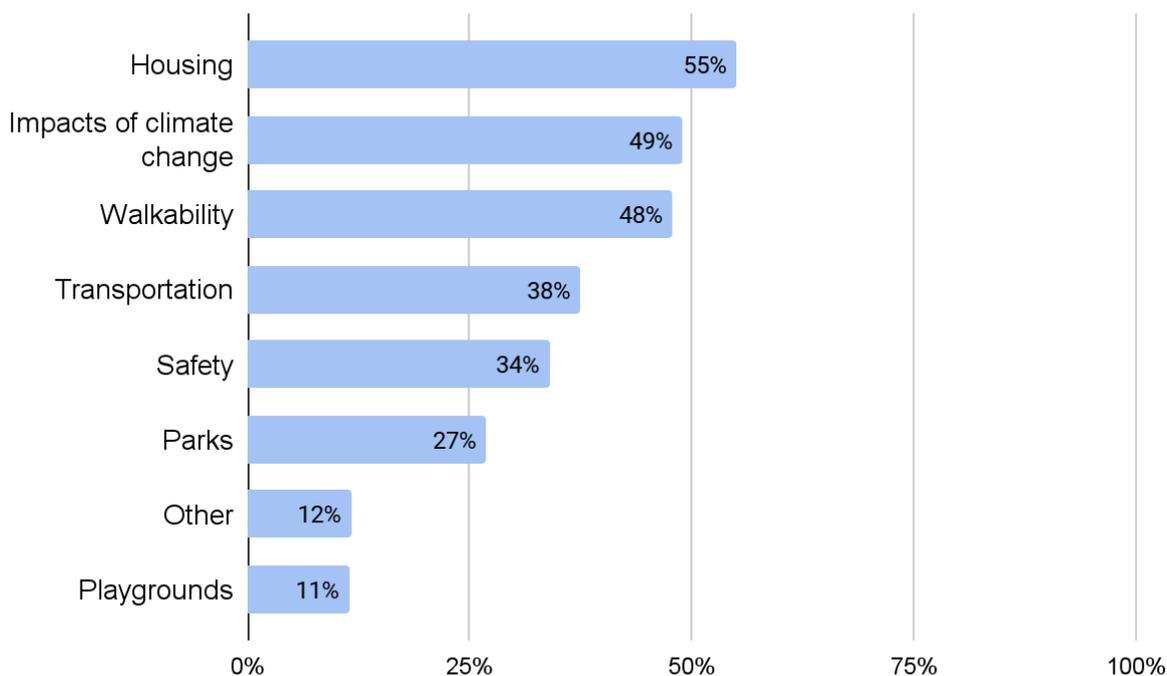


The survey asked respondents to identify the most concerning aspects of each overall issue. Below are these findings, as well any significant differences by age (18-44 years, 45-64 years, and 65 years and older).

Neighborhood and Physical Environment

In terms of the neighborhood and physical environment, the largest concerns were housing (55%), impacts of climate change (49%), and walkability (48%). While parks and playgrounds were not as high of a concern overall (27% and 11%, respectively), the concern was significantly higher among those 18-44 years old in comparison to those who were older: 40% of 18-44 year olds felt that parks were of high concern and 21% felt that playgrounds were a concern.

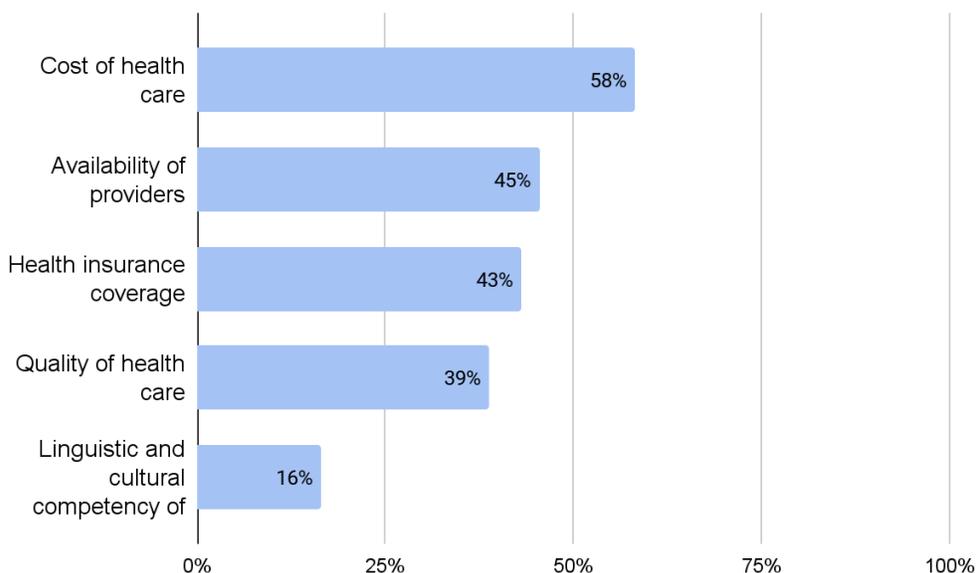
Figure 4. Most Concerning Neighborhood/Physical Environment Issues



Health Care System

In terms of health care system issues, the cost of health care (58%), availability of providers (45%), and health insurance coverage (43%) were the largest concerns. Concern about the cost of health care was significantly higher among those 45-64 years old (72%).

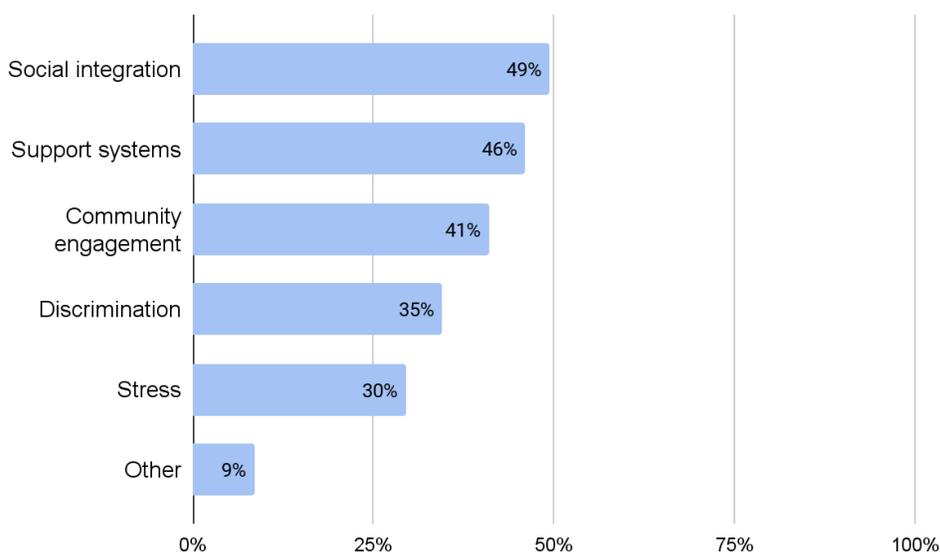
Figure 5. Most Concerning Health Care System Issues



Community and Social Context

In terms of community and social context issues, social integration (49%), support systems (46%), and community engagement (41%) were the largest concerns. While not as high of a concern overall, discrimination and stress were significantly higher among those ages 18-44 years old (compared to those who were older). Among those 18-44 years old, 46% felt that discrimination was a concern and 46% felt that stress was a concern.

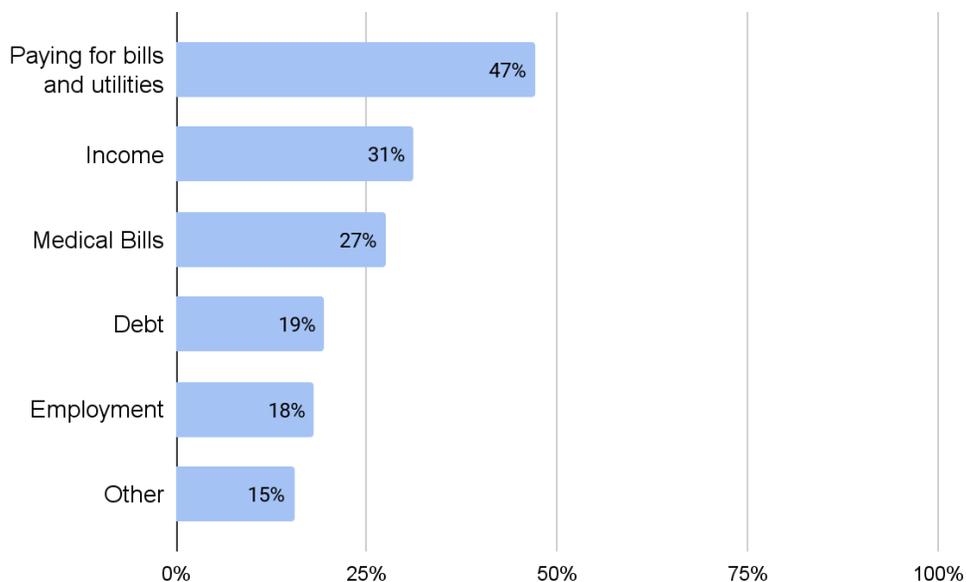
Figure 6. Most Concerning Community and Social Context Issues



Economic Security

In terms of economic security, paying for bills and utilities was the largest concern (47%). Income was also a common concern (31%) and was most concerning for those ages 18-44 (40%). About one-third of those ages 45 years and older were concerned about medical bills, compared to only 20% of those 18-44 years old.

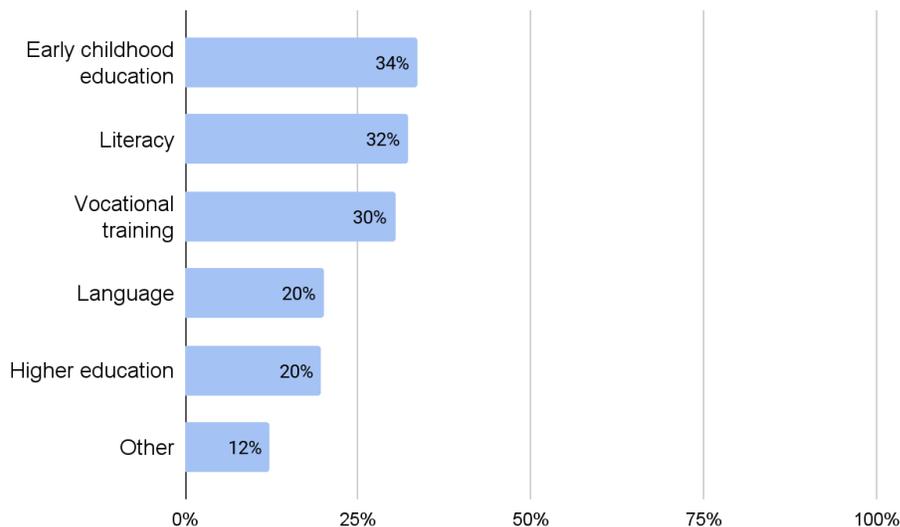
Figure 7. Most Concerning Economic Security Issues



Education

In terms of education, early childhood education (34%), literacy (32%), and vocational training (30%) were the largest concerns. A significantly higher percentage – almost half (47%) – of those ages 18-44 years felt that early childhood education was a large concern.

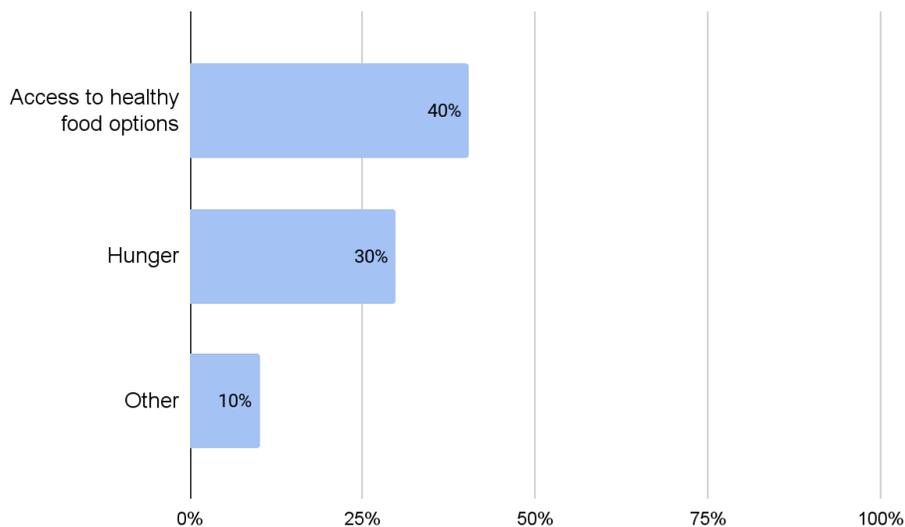
Figure 8. Most Concerning Education Issues



Food

In terms of food issues, access to healthy food options was of highest concern (40%). However, this concern differed by age: only 32% of those aged 65 years and older felt this was a concern compared to 44% of those ages 45-64 years and 50% of those ages 18-44 years.

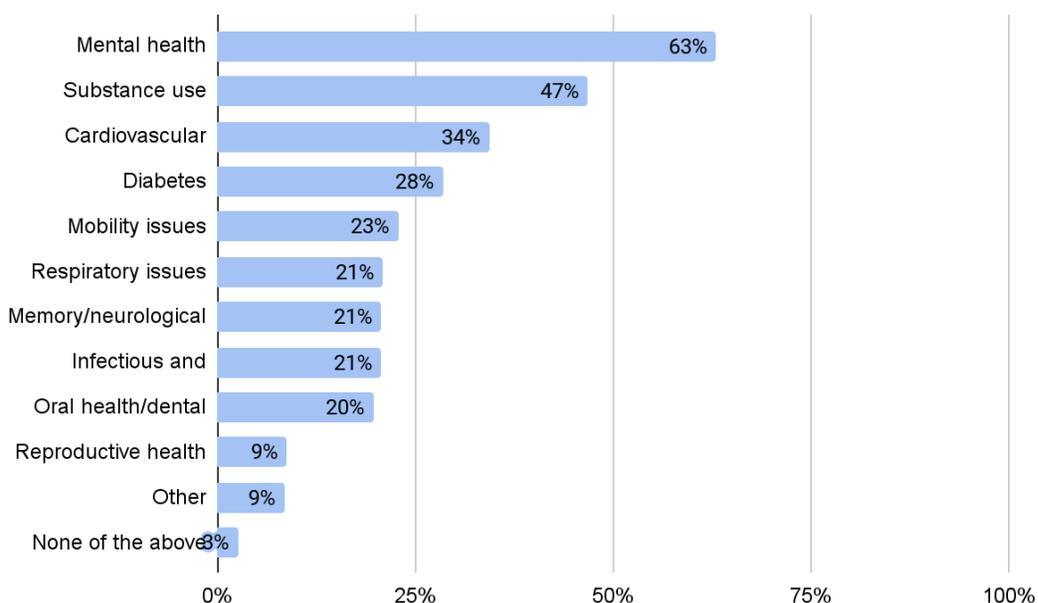
Figure 9. Most Concerning Food Issues



Health Issues and Access

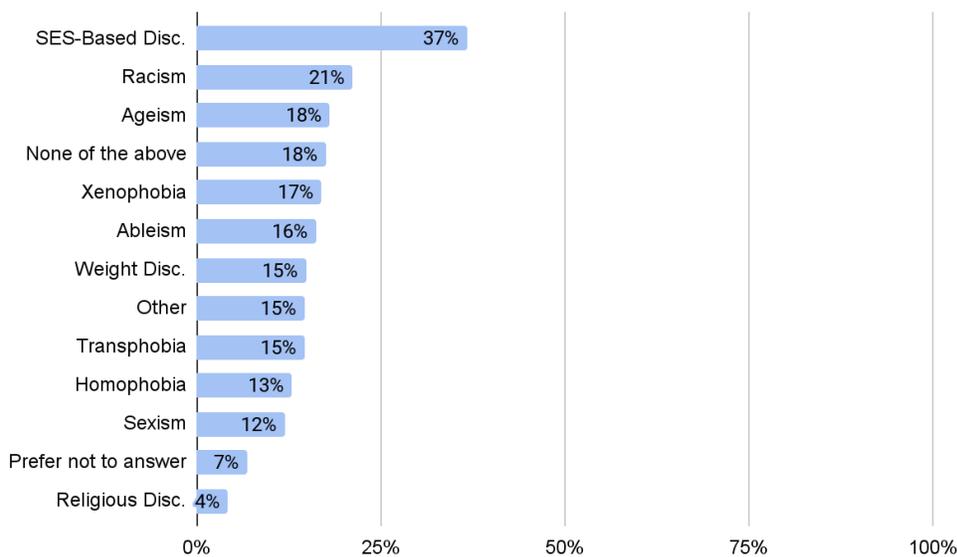
Mental health and substance use were the two top health concerns reported by South Portland residents. Almost two-thirds (63%) of respondents felt that mental health was the largest struggle and about a half (47%) felt that substance use was the largest struggle. Interestingly, there was a significant difference by age in concern for mental health: 83% of those 18-44 years see this as a struggle among South Portland residents, compared to 67% of those 45-64 years and 63% of those 65 years and older.

Figure 10. Health Issues South Portland Residents Struggle with the Most



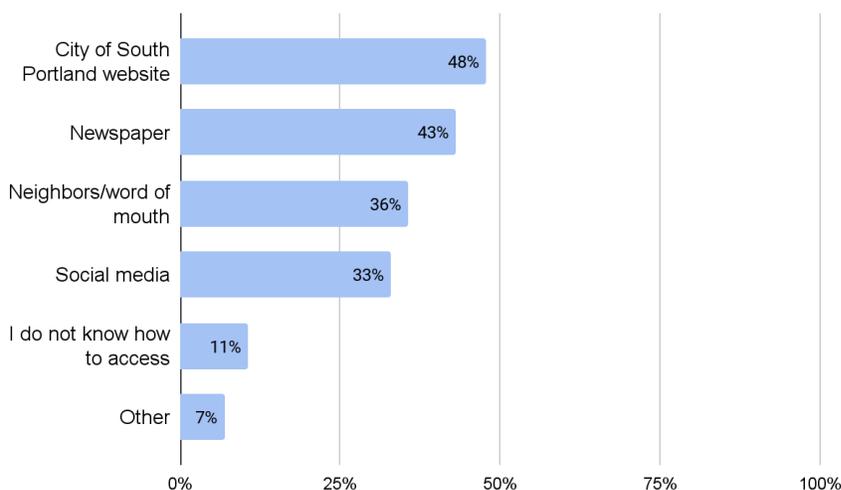
Thirty-seven percent (37%) of respondents reported that discrimination based on income or education (e.g., low income or low education) is the largest barrier to accessing health care and other needed services. One-fifth (21%) of respondents felt that racism was an issue in accessing services.

Figure 11. Barriers to Accessing Health Care and Services



About half (48%) of respondents access information about public health issues from the City of South Portland website. Another 43% find public health information in the newspaper and about one-third use neighbors/word of mouth or social media. However, there were significant differences by age: 62% of respondents ages 65 years and older use newspapers to access public health information, compared with 31% of respondents 45-64 years old. Respondents aged 18-44 years use newspapers and social media similarly for accessing public health information (48% and 51%, respectively). Those 65 years and older are least likely to use social media to access public health information (25%) compared to those who are younger (31% among those 45-64 years old).

Figure 12. Accessing Information Regarding Public Health Issues



SUMMARY AND RECOMMENDATIONS

Priorities

The assessment data including community feedback and existing data on health disparities supports focus on two priorities for the City of South Portland:

- Mental Health
- Neighborhood and physical environment: including housing, climate change and health

While these are complex needs that require a multi-level approach, there are a wealth of partners and resources to address the priority needs of mental health, housing, and climate change. Cross-sector collaboration is a term used to describe a process where various community organizations come together to collectively focus their expertise and resources on a complex issue of importance to a community they serve. South Portland has established and growing efforts to address these needs through cross-sector collaboration.

Supporting the mental well-being of community members includes focusing on the community supports that foster well-being as well as access to quality treatment resources. Many of the concerns raised by residents intersect with mental well-being. Youth discussed how marijuana use and vaping are a concern among their peers. Youth also talked about social cohesion and creating welcoming spaces for new multilingual residents and new cultures as part of creating a healthy community. The schools have increasingly taken a role in being a place not only of learning but intentionally supporting mental well-being through curriculum and treatment services with Greater Portland Health. This model of universal education and support for mental well-being has been essential during the COVID-19 pandemic. Sustainable support and acknowledgement of the school's role in youth wellbeing will be important to continue to address the rising rates of anxiety and depression.

For the adult population, there are also needs around mental health, but the place and systems to support adults is more complicated to provide universal preventive support and access. Identifying the ways that adults can be supported in a prevention model of mental wellbeing through community resources is a role the City can play that helps reduce demand on the social and health services. For example, South Portland has great foundations with community resources for social interaction and learning with the libraries and South Portland Community Center which has rich programming. Considering the access, who is being served by the Community Center, and who may be being left out in services could be a starting point to improve community well-being supports.

With respect to improving the neighborhood and physical environment the community is eager to prioritize climate change, walkability and housing. South Portland has a number of assets to realize this priority with the current process of developing a Comprehensive Plan and the One Climate Future Plan and Office of Sustainability. The opportunity to enhance this is to further integrate a public health lens to this work and connect the impacts of climate, housing and health through efforts by coordination with the Board of Health and community providers of social services.

Recommendations

Communication for Collaboration

As described in the key informant section on resources and gaps, there are a wide range of very engaged and committed partners, including community-based organizations, City departments, and health providers. The City could strengthen its role as a conduit for communication to both provide information to residents and to support collaboration.

- As the City decides to focus on specific topics and prioritize the needs of different community members, the Board of Health can be a resource for increased communication and awareness of the organizations, partners, and initiatives working to address those needs.

The recommendation is not to be the information hub of all things all the time, but to be selective about the topics and issues where collaborative effort should focus.

As an example, the City can provide resources on timely topics and information on where and how to access resources. It also can support the broadcast of “success stories” of partners and their work to address specific needs, which builds awareness of what is happening and can be the foundation for further collaboration. The City can post information about specific priority topics, and work with community partners to share information with community members. Examples of this already exist; the recommendation is to do more of it, and with more intention and collaboration (such as the Age Friendly South Portland fair held in the South Portland Community Center).

- The City can bring together residents and community partners to understand needs, inventory resources, and jointly plan solutions. An example would be to host a forum about specific issues and needs to get input and develop understanding across partners.

Resources

Communications can be expensive and time intensive. However, some communication efforts can be done with limited resources, such as posting information to City website or social media pages.

In addition to resources to support collaboration, resources can support bolstering the workforce to address the social service needs identified through the assessment. A key point made by participants is that while there are many active partners, all are feeling limitations to capacity and workforce challenges. Given that, the City can seek state and federal funding to support a range of needs that are specifically for municipalities. This report and these data are the types of information that well position South Portland to apply for funding and secure grants. Related to the needs identified in this assessment, at the time of this writing, there are active federal funding opportunities in the following areas:

- Chronic disease, and disparities among specific populations

- Mental health supports in schools
- Community Health Workers to support social service needs
- Development of solutions that significantly address environmental or public health issues in communities disproportionately burdened by environmental harms

Federal grants are time sensitive and shifting but can bring additional resources to meet identified needs. A common concern about grant funding is that it is not a long-term resource or financing stream. However, the value of these kinds of resources is that they can support both planning and collaborative efforts across partners to identify sustainable funding mechanisms. They can also support piloting of innovative programs and approaches to meet needs. One specific example that was raised by participants was peer support to address mental health needs. That is a model of care supported by emerging evidence and would benefit from further funding to explore implementation in South Portland. Grants can be targeted to municipal, school and health sectors depending on the funding source, and through cross-sector collaboration, the City can be more responsive to community needs.

Structure

The Board of Health has a unique vantage point and role in connecting a health lens to the work of other City departments and initiatives. The priority areas of housing and climate change have natural allies and partnerships through the City's Housing Authority and the Office of Sustainability. Board of Health members can bring different perspectives, partners, resources, and communication around these topics, helping to integrate the work from a health perspective. Identifying ways to strengthen threads across City departments and volunteer efforts will help improve services and programs across City offerings. Another opportunity is the Planning Department. With the development of a comprehensive plan, residents are intimately concerned about the physical environment and its impact on health. Continuing the dialog, collaboration, and development of solutions through comprehensive planning is another opportunity to embed the findings of this report into longer term city service planning.

Strengthening Public Health

The City of South Portland's current public health structure includes the local health officer and the Board of Health.

Leadership: For the resources and assets to be more effectively harnessed, the city would benefit with a role or part-time role of a person with the skills in public health leadership, planning and management. This would assist in executing on the priority initiatives of the Board of Health, coordination with municipal and other partners, and ability to orient towards system change.

As noted above, collaborative efforts to best support the City require leadership and time. Maine has very limited public health infrastructure at the municipal level compared to the rest of the United States, with only two cities with health departments. Taking the step to develop a public health department is one option, but there are also others. Continuing to cultivate and formalize existing partnerships, inventory resources, and consider scopes of work for City entities – including the Board of Health – are

less financially straining commitments to strengthen public health in South Portland. As noted above, public health leadership roles could be supported through federal funding, and while time-limited, can support important learning, planning and development. There are opportunities to connect grant dollars for public health with existing City departments such as Housing and the Office of Sustainability, in the absence of a Department of Public health.

Navigation and Social Services: The COVID-19 pandemic highlighted the social service gaps for the community, and the social service system needs continued strengthening.

Coordinated efforts can maximize resources to meet the community priorities, and community members also need support in accessing those resources. Community outreach, education, and support of navigation of resources could be provided through more hours of time for a local health officer, through a community health worker role, or expansion of the police department behavioral health liaison role. As noted in the findings, while there are many collaborative relationships working on these social service needs the organizations that are supporting South Portland also have capacity limitations. Expansion of these roles is best situated under the leadership and supervision of a person who is connecting resources at the community level to ensure a broad perspective and provide support through supervision.

Collaboration: The opportunity to further address community needs identified here includes continuing and growing already established and strong collaborations with public health entities that serve South Portland. With the multitude of partners, existing collaborations, and leadership to support planning, joint funding proposals could be an effective use of resources. There is a wealth of partners, but the major categories include:

- Regional public health entities, including partnerships with Cumberland County Public Health, Cumberland County Public Health District, and City of Portland Department of Public Health
- South Portland Schools
- Private primary care and behavioral health providers (many are named in this report)
- Social service providers (many are named in this report)
- Hospital partners who support community health through community benefit programs
- State and regional community-based partners and non-profit organizations that support the needs of specific groups

APPENDIX

- A. Interviewees
- B. Databook of secondary data (separate file due to size and format)

APPENDIX A: INTERVIEWEES

Sector	Name	Title and Organization
Aging/Older Adults	Sue Henderson	City Councilor; Member of Age Friendly
Environmental health	Julie Rosenbach	South Portland Office of Sustainability Director
Police	Erin Curry	South Portland Police Officer
First Responders	Chief James Wilson	South Portland Fire Chief/EMS Director
Food insecurity	Danielle Cameron	Preble Street, Deputy Director
Housing	Nick Kjeldgaard	Resident Service Manager, Avesta
Housing	Philip Smith	Resident Services, South Portland Housing Authority
New Mainers	Mufalo Chitam	Director, Maine Immigrant Rights
Schools	Gretchen McCloy	Dir of Community Partnerships, South Portland Schools
Schools	Alice Kabore	Multicultural coordinator, South Portland Schools
Elected officials	Scott Morelli	City Manager South Portland
Healthcare	Dr. Gita Rao	Greater Portland Health
Substance use	Amelia Smith	Substance Use Liason, Police Department
Healthy Living	Karla Doyon	Senior Programs Coordinator, South Portland Parks & Recreation
Public Health Official	Liz Blackwell-Moore	Public Health Manager, Cumberland County
Planning & Development	Milan Nevajda	Director of Planning, South Portland
Planning & Development	Kelsey Robertson	Community Planner, South Portland
Youth	Lee Klarman	South Portland Area Director Boys & Girls Club
LGBTQ/Youth (statewide perspective)	Katie Lutts	Program Director, OUT Maine