# thrive
## GREATER PORTLAND 2027

# THE VOICE OF THE COMMUNITY

Fall 2016

Our heartfelt thanks to the more than 2,000 individuals who shared their thoughts about critical community needs and issues in the Greater Portland area.

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# INTRODUCTION

In October 2015, United Way of Greater Portland (UWGP) convened and supported a comprehensive initiative to establish 10-year, community-wide goals that positively impact education, financial stability, and health outcomes in Greater Portland. UWGP strongly believes that establishing bold, clear, integrated community goals with population-level outcomes will enable individuals and families in Greater Portland to achieve prosperity. Central to this effort is authentic community engagement including hearing our community's voice for our future.

Establishing community-wide goals began with an assessment of the community's existing assets as well as gaps, barriers, and emerging needs. The process of identifying and appraising this information was accomplished simultaneously through a review of current research (resulting in three white papers addressing the state of education, financial stability, and health in Cumberland County), convening panels of experts, and listening to the voices of the community. In total, more than 2,000 individuals shared their thoughts about critical community needs and issues that affect the Greater Portland area. This report shares the process and results of community conversations and surveys that informed the development of three 10-year community-wide goals.

Most important, these community goals, adopted by the Greater Portland Community-Wide Goal Setting Council and now overseen by the Thrive2027 Council, were influenced by, and align with, the views shared by the majority of community conversation and survey participants. The three goals, along with the headline indicator and benchmark for each, are outlined below.

## Goal: Every child has quality early learning experiences beginning at birth.

**Headline Indicator:** By 2027, 78% of children read proficiently at the end of third grade

**Benchmark:** Today 71% of children read proficiently at the end of third grade*

*As measured by the New England Common Assessment Program

### Cumberland County: 3rd Grade Reading Proficiency



*Students Reading Proficiently* (y-axis: 64%–80%)

x-axis: 2009-10 through 2026-27

Historical — Reading Proficiency Goal
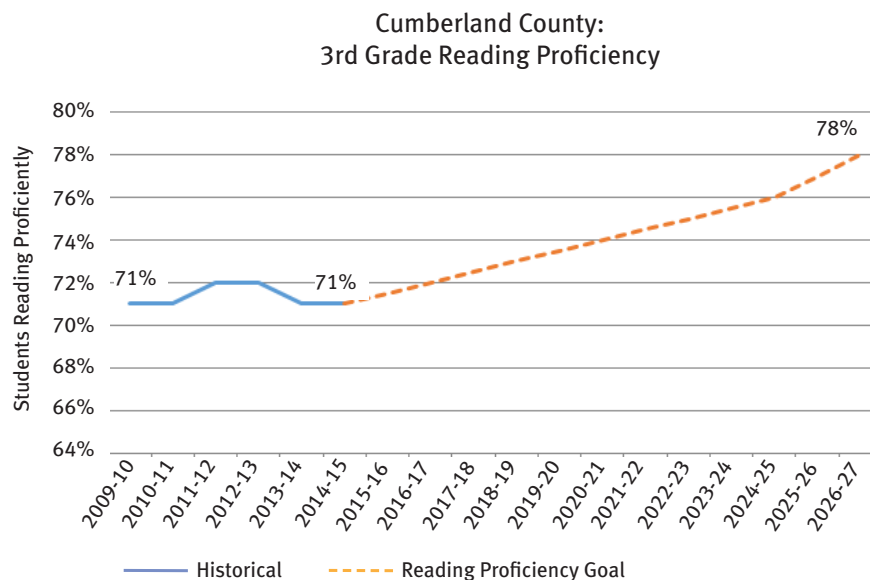
# Goal: Individuals & families have the education, employment opportunities, and resources[2] to achieve financial stability.

**Headline Indicator:** By 2027, 70% of households pay less than 30% of their income on housing

**Benchmark:** Currently 65% of households pay less than 30% of their income on housing*

*As measured by the U.S. Census Bureau

### Cumberland County: Households Paying Less Than 30% of Their Income on Housing



Historical ——— Reduced Housing Cost Burden Goal - - - -
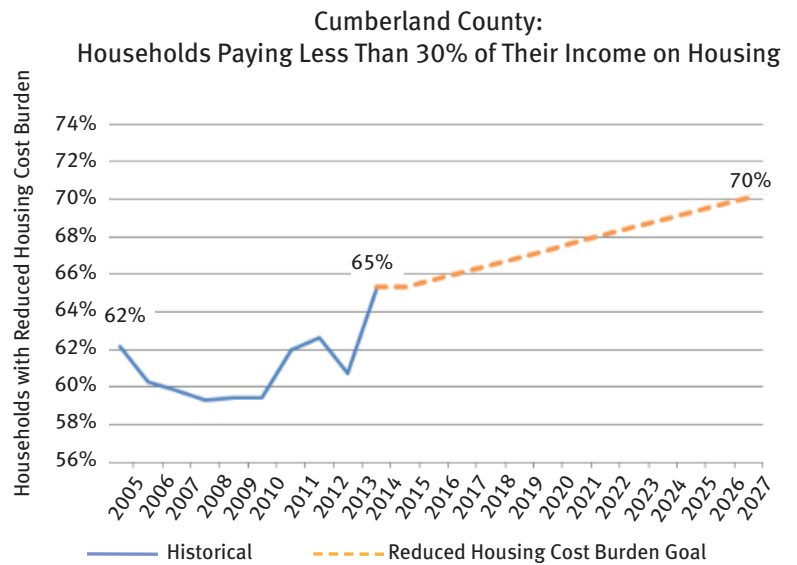
# Goal: Children, adults and communities have resources & opportunities to achieve optimal health status.

**Headline Indicator:** By 2027, 4,569 Years of Potential Life Lost per 100,000 people

**Benchmark:** At today's rate, we see there are 5,076 Years of Potential Life Lost per 100,000 people*

*As measured by the U.S. Centers for Disease Control

### Cumberland County: Years of Potential Life Lost (YPLL)



Historical ——— YPLL Goal - - - -

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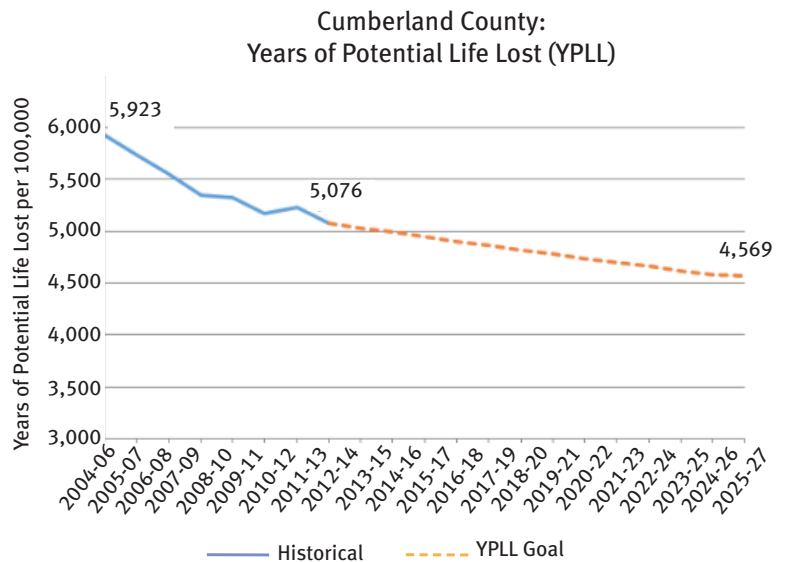
[2]Resources are defined as access to affordable goods and services, including housing and healthcare.

# DATA COLLECTION AND ANALYSIS

## DATA COLLECTION

Data were collected through two methods: a series of community conversations held across the region and online surveys. United Way of Greater Portland facilitators asked three questions during the conversations; the surveys posed the same three questions:

1. What kind of community do you want to see in 10 years?

2. What keeps us from having the community we want?

3. What needs to happen to get us there?

The resulting stakeholder contributions informed the adoption of community-wide goals that are deeply rooted in and aligned with the concerns and aspirations of the community.

Over the course of six months, UWGP convened 90 conversations with the public, eliciting responses from a diverse set of individuals, informal community associations (including cultural, religious, and client/customer groups), and formal institutions (such as schools, businesses, local government agencies, and health and human service agencies).

The groups selected for community conversations represented the age, geographic, racial, ethnic, and socio-economic diversity of Greater Portland. The sampling also was designed to ensure that board members, staff and clients of UWGP's partner agencies as well as new voices had an opportunity to participate in conversations. A few conversations were held in public venues throughout Greater Portland (e.g., Portland Public Library, Bridgton Community Center, and Pineland Center in New Gloucester, as well as other community centers) and were open to any member of the community who wished to participate. These open conversations were publicized through emails, key community contacts, and area agencies. In addition, three conversations were hosted in collaboration with Maine Center for Disease Control and Prevention, Central Maine Medical Center, Eastern Maine Health Systems, MaineGeneral Health, and MaineHealth during community discussions on the Shared Community Health Needs Assessment (CHNA)

UWGP staff and board members facilitated the majority of conversations and served as notetakers for each conversation. A guide for facilitating conversations and notetaking was adapted from tools licensed to United Way Worldwide through a partnership with The Harwood Institute for Public Innovation. Staff and board members were trained to be neutral facilitators in order to encourage participants to share their authentic thoughts and opinions.

Conversations ranged from less than 30 minutes to 120 minutes with the majority of the conversations ranging from 30 to 60 minutes. Groups larger than 10-12 people were typically broken down into smaller groups, each with a notetaker.  Notetakers did their best to capture the words of participants verbatim. This process resulted in 94 separate conversation records. Conversations were also voice recorded with the permission of participants and used for clarification during analysis.

In all, 1,577 individuals participated in the community conversations. Participants in the conversations were asked to complete a demographic survey and had the option to provide additional responses to the questions. Information gathered from this survey was not linked to individuals or to a specific conversation.

In addition to community conversations, web-based surveys, which asked about aspirations for the community, barriers and next steps, collected contributions from those who could not attend a conversation. The survey was distributed through a variety of channels including UWGP's web page, email invitations to UWGP volunteers, donors, and stakeholders, and an email invitation distributed through area employers and community partners. A total of 555 individuals completed the survey. Survey respondents were asked to provide basic demographic information and respond to open-ended questions.

## DATA ANALYSIS

The goal of the analysis was to gain insight into participants' visions for the future of Greater Portland, identify barriers to realizing these visions, and suggest possible solutions to issues and problems raised. The conversation notes and survey responses served as the data. Data were analyzed using qualitative research methods and included the use of Dedoose, a web-based qualitative analysis software.

A team, led by UWGP's Director of Evaluation and comprised of eight members of the UWGP staff and one college intern, analyzed the data. The analysis began with the Director of Evaluation reading a large number of conversation notes and developing an initial coding scheme in Dedoose. A small group of coders was then trained to code the data. The group coded two transcripts and compared their coding to clarify the use of the codes and expand the code book. Additional staff were then trained as coders.

# PARTICIPANT DEMOGRAPHICS

Throughout the process of convening conversations, UWGP staff tracked participants' demographics and compared them with U.S. Census Bureau data for Greater Portland. Concerted efforts were made to reach diverse groups so that the conversation and survey participants mirrored the Census data as closely as possible. A total of 2,132 individuals shared their thoughts and ideas during this process. Of these individuals, 1,599 provided demographic information. Information on gender, age, race, and town of residence for these participants is provided here.

## GENDER

Figure 1 shows the breakdown of participants by gender. Females were more highly represented in the conversations and surveys than they are in the Census.

**Figure 1. Gender of Participants**
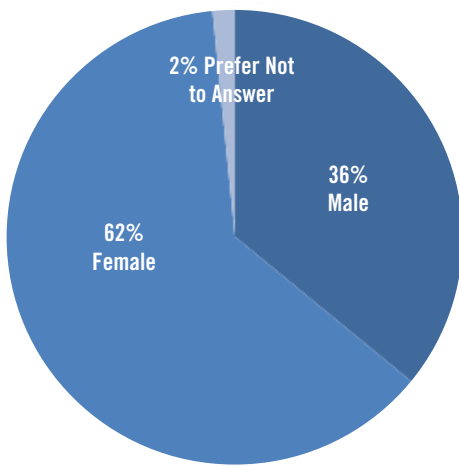


## AGE

Participants included individuals from ages 15 to 75 years or older. Figure 2 compares the percent of participants in each age category with Cumberland County Census data. This graph merges individuals ages 64 to 74 and 75 and older into a new group: 65+. This group includes 59 individuals who reported their age as 75 years or older. As illustrated by the graph, 15-24 year olds and individuals 65 and older were under-represented while those in the 35-44, 45-54, 55-64 year old categories were over-represented.

**Figure 2. Age of Participants**
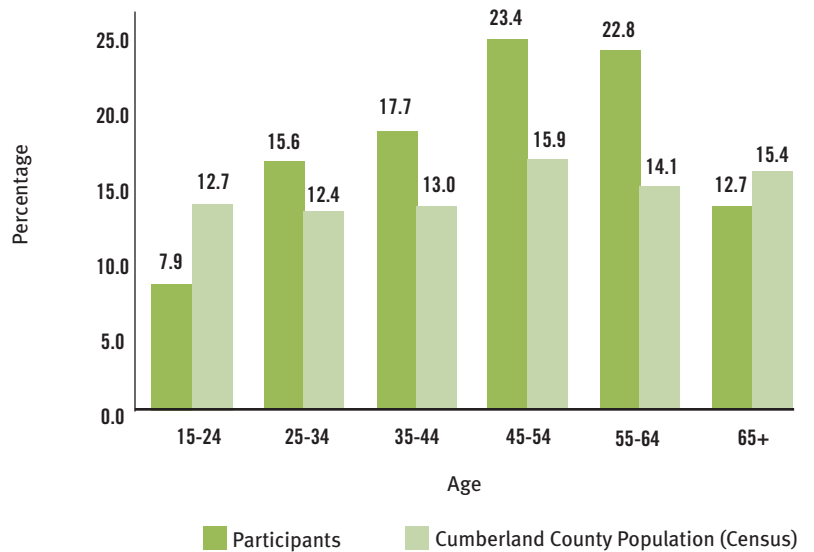
## RACE AND ETHNICITY

Figure 3 shows the number and proportion of participants in conversations and surveys that identified with each race. Eighty-nine percent of participants identified themselves as white, which is slightly lower than Cumberland County Census data in which 93% of the residents are white. Eight percent of the participants identified themselves as black and African American, reflecting a higher representation than the 3% reported by Cumberland County Census data. Participation by individuals who identified as Asian, Native American, and Pacific Islander were proportional to the Cumberland County Census data. In addition, 1% of participants identified their ethnicity as Hispanic, compared with 2% of Cumberland County residents.
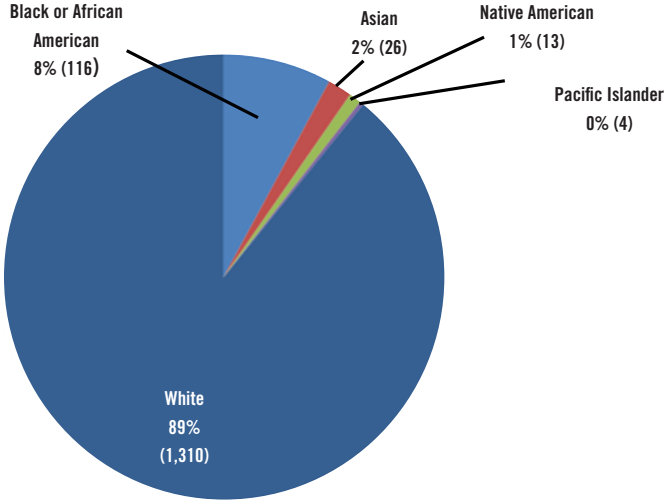
**Figure 3. Race of Participants**



## RESIDENCE

Conversation and survey participants were asked to share the zip code for the city/town in which they live to ensure that residents from all of the Greater Portland area were represented. When the residence of participants was aggregated by Portland versus other towns and cities in Cumberland County, one-third of the participants lived in Portland. As shown by Figure 4, the proportion of Portland-based participants was higher than the Census data reports while the proportion of participants living in other cities and towns was less than reported by Census data. Appendix A provides more detail about participants' town or city of residence.

**Figure 4. Residence of Participants**
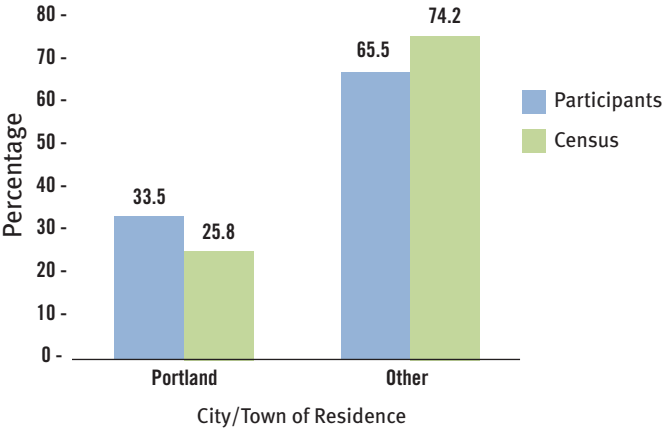
# FINDINGS

The remainder of the report presents the findings drawn from the analysis of the community conversations and surveys.

## TEN-YEAR VISION

When participants were asked what kind of community they wanted to see in 10 years, their initial responses often consisted of a word or phrase. Table 1 is a list of the most common words and phrases.

Table 1. Participants' Words to Describe a Vision for the Community

**Descriptive Word**

| | |
|---|---|
| Active | Job prospects |
| Addiction-free | Livable wages |
| Affordable | Poverty-free |
| Cares about youth | Provides opportunities |
| Collaborative | Respectful |
| Culturally rich | Responsive |
| Diverse | Safe |
| Educated | Strong ties with neighbors |
| Engaged | Supportive |
| Equal opportunities | Supports seniors |
| Friendly | Thriving |
| Fun | Vibrant |
| Gathering places | Walkable |
| Healthy | Welcoming |
| Inclusive | Without homelessness |

The analysis of the conversations and surveys revealed a number of issues that participants believe warrant attention as we strive to create a community that supports enhanced education, financial security, and health for all. Table 2 lists the issues raised most often in the conversations. "Number of excerpts" is the number of times words from a conversation or survey response were tagged as referring to a prevalent issue. "Number of sources" is the number of documents (either conversation notes or surveys) from which the excerpts were taken. For example, 446 excerpts were tagged as relating to education and these came from 179 different conversation notes or surveys.

Table 2. Most Frequently Coded Themes

| Issue | No. of Excerpts | No. of Sources |
|---|---|---|
| Education | 446 | 179 |
| Community Engagement | 395 | 110 |
| Income | 269 | 107 |
| Health | 261 | 83 |
| Service Coordination | 240 | 113 |
| Communication | 234 | 71 |
| Diversity | 228 | 205 |
| Affordable Housing | 214 | 114 |
| Substance Use Disorder | 170 | 78 |
| New Americans | 162 | 61 |
| Hunger and Food Security | 147 | 78 |

The remainder of the report provides information about participants' concerns and thoughts regarding each issue. Participants' quotes are widely used to express their views and reflect common themes raised in the conversations and surveys.

## OVERARCHING THEMES

The analysis of the conversations and surveys surfaced four underlying tenets that participants felt the community of Greater Portland should address to create the thriving communities people desire. These themes included: strengthening community engagement, enhancing communication, embracing diversity, and coordinating services. The following describes each theme in greater detail.

### COMMUNITY ENGAGEMENT

A total of 395 excerpts addressed the issue of community engagement in conversation notes and surveys. Participants expressed a desire to be more engaged in the community, citing aspects ranging from strong neighborhoods and volunteerism to involvement in local political and community decisions. As one person stated, "I would love to see a community that is driven by people, community members, and not by institutions and agencies."

> I would love to see a community that is driven by people, community members and not by agencies and institutions.

People expressed a desire for more cohesive, caring neighborhoods where people know each other, have places to gather, and welcome and include everyone. In describing this type of neighborhood, a few people talked about the "roots of New England where people worked together and helped each other." Some expressed a desire to live in a community where caring and trust characterized their neighborhood. When describing the community he/she wished to live in, one person stated, "I want a friendly, resilient community – being comfortable with our neighbors, knowing who they are, sharing our needs." Caring also involved a "tight social fabric" for a mother of two small children who stated, "My greatest desire is to see a community that cares collectively about the social responsibility to raise helpful, respectful, community-minded children."

A sense of belonging and inclusion was also important. As one person said, "I want more people to have a sense of belonging and that we're all in this together. Then conversations will start—the 'we' conversation instead of the 'them' conversation." Examples of how a community could be more inclusive involved welcoming new neighbors with "pot luck brigades" and finding ways to engage seniors on a regular basis.

Volunteering was seen as a way to promote a caring community. As one person said, "It's important for people to be part of something bigger than themselves." Others agreed that people need to be aware that they are part of a community. "When a disaster happens, resources come together very quickly and efficiently. If only we could make community the urgency." A common sentiment was expressed by one participant when he/she stated, "Everyone can contribute. Everyone can do something."  One person suggested, "We need a call to action to get community to push themselves outside their comfort zone. Work with someone who has a disability or serve at the soup kitchen." Some participants believed that volunteering needs to start early. "When kids get involved, they recognize that people in need still have value."

## COMMUNICATION

More communication, enhanced communication, and more respectful communication were all noted by participants as needs. A total of 234 excerpts about communication were identified in conversation notes and surveys. Comments identified the need to strengthen communication within and between communities in Greater Portland, as well as between political leaders and community members.

A few people felt that within communities there is a lack of communication between citizens and local government or between different town departments. One person stated, "We need solid intra-community relationships like in Gorham where there's regular communication and interaction between the local government, schools, business, and the religious community. There is a strong network fabric that's collaborative and supportive."

Enhanced communication between community members was also identified as something that should occur if we wish to improve our community. People recognized the need to have more opportunities for open conversation about critical community issues to increase understanding of a range of views and to find solutions to community problems. It was stated that "people need to present their views respectfully." While speaking up was viewed as key, participants also acknowledged that community members need to do a better job of listening to each other and really trying to understand one another's perspective. Another problem for a few was that others make assumptions about their needs. One person said, "I don't appreciate when people make decisions on my behalf and say they know my needs."

> I don't appreciate when people make decisions on my behalf and say they know my needs.

One additional issue identified by participants was the current political atmosphere in which elected officials are not hearing or addressing the complexity of the problems that face communities. People want "communication without rhetoric." As one person recognized, "We live by sound bites. It's easy to criticize and create fear or animosity in a few words, but no one takes the time to explain the other side of the story." Others wanted elected officials to listen more carefully to the people they represent. "If leaders understood the realities, they might take a more nuanced approach. They would foster action out of dialogue."

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2 The word "some" is used to mean more than three and as many as 25 participants shared the view.

## DIVERSITY

Diversity was on the minds of many who took part in the conversations and surveys. A total of 228 excerpts about diversity were identified in conversation notes or surveys. Respondents acknowledged that the face of Greater Portland has changed over time and will continue to change, although varied on how widely this diversity is acknowledged. One person said, "A few years ago I barely saw people like me on the street. But now it is not like that, you walk down the street and it is an integrated society." Another person stated that the assumption about Portland, Maine as predominately white "needs to be broken…we are actually very diverse."

A majority of respondents concerned about diversity expressed a desire for Greater Portland to be welcoming and supportive of New Mainers. One person stated it in the following way, "We [Greater Portland] want to be welcoming, diverse, and supportive. We need to stop anti-immigration sentiment." Participants acknowledged that diversity brings with it a cultural richness, including food, art, and music. They expressed the view that we need to "embrace" and "celebrate" diversity and the opportunities it presents. A few referred to New Mainers as being "the best chance Maine has in developing economic and workforce viability." While expressing a desire to be supportive, a few participants noted that they were unsure how to provide this support. As one person said, "I have a difficult time with immigration and knowing how to include them in our community. I don't speak other languages; most of the time they speak multiple languages. I can't help them because I don't have a translator. I don't know how to get along with them."

Although the Greater Portland community may be more diverse than in the past, participants noted that there is a lack of diversity in both civil service and political leadership positions. They noted that political leaders, civil servants, and educators need to reflect the diversity of the community. One participant simply stated, "We need more people of color in leadership roles in the community." Another said, "We need to increase diversity on the police force and in city government." Another was more direct in stating, "When you're already a minority, scream all you want, but until a white person talks to a white person at the top level … nothing is going to happen." As participants conveyed

a desire for a more equitable community, one person clearly stated, "I want the community to be diverse and inclusive; everyone has a place at the table and their voice counts."

> I want the community to be diverse and inclusive; everyone has a place at the table and their voice counts.

A few identified fear of other cultures as the reason that bias and discrimination continue to exist. It was suggested that intentional opportunities for cross-cultural events could help educate people about other cultures. These opportunities could target both children and adults. Participants suggested that we strengthen civic education and diversity education and allow for more structured conversations about race and ethnicity and more training for teachers to enable them to better address diversity.

Finally, participants expressed the view that increasing involvement in political and community decision-making strengthens the entire community. As one person stated, "We need to find ways for all members of the community to have a voice in the decisions that are made." Active participation prevents people from "sitting on the sidelines" expressing their disapproval of the process and decisions.

## SERVICE COORDINATION

Conversation and survey participants identified the need to have a better coordinated, systematic approach to solving community problems and providing opportunities for people in Greater Portland to be healthy, educated, and financially secure. In all, 240 excerpts related to service coordination were identified. Two particular comments pointed to the broad problem with services. One person stated, "We don't have the coordinated community response that is needed to address the problems at hand." Another suggested that the problem is, "We're planning at a program-level, not a community-level."

> The problem is, "We are planning at a program-level not a community-level."

When describing the current array of services, participants noted that we do not necessarily need more services; rather, we need more communication and collaboration. One person stated, "Sometimes resources exist, but there's a knowledge gap." Another noted, "It seems as if we have a lot of services, so maybe it's the silos. We need more collaboration between what exists." Another agreed, "I've had a hard time navigating through systems. There isn't enough collaboration. Why aren't we bringing together resources and bringing people who are doing the same work together?" Other people observed that services were sometimes redundant rather than aligned to meet the needs of the people. One person noted, "We need an alignment of resources—not just dollars, but people, time, and volunteerism."

Some identified the need for systems integration within disciplines. For example, one person stated, "The behavioral health arena needs a better coordinated, integrated spectrum of services, a continuum of services. We need to move away from funding discreet programs and think about a continuum of care." Others expressed a desire for different sectors including, businesses, non-profits, schools and health agencies, to work collaboratively. One person summed it up when he/she stated, "Everybody will be stronger if we work together."

Participants identified several elements that are needed to enhance coordination. Among these was leadership. As one person simply stated, "Leadership is key." Another noted, "Leadership is lacking. There isn't a coordinator to make us more effective. This is a long-time issue. It's the missing piece." Next, participants recognized that a shared vision would be helpful in bringing people and services together. One person summed it up, "There's a lot of different interests. If we could agree on those top goals, we might get something done." And finally, a few participants noted that we do not always need to create our own solutions. Rather, we can "look at other cities that have our same problem. We don't have to reinvent the wheel over and over. See what other cities are doing. Do a best practices search."

## OVERARCHING THEMES SUMMARY

Participants viewed increasing community engagement, improving communication, embracing diversity, and coordinating services as critical elements to creating a community where all have opportunities for a solid education, financial security, and good health. Participants identified a disconnect between neighbors and cited the need for neighbors to become better acquainted with each other, increase their volunteerism, and contribute their voices to community decisions. Communication was viewed as problematic among community members, between communities, and between citizens and elected officials. At all levels, more communication that involves respectful listening, with intent to understand, was viewed as necessary to solving problems. Participants recognized that diversity has increased in our communities and that people from other cultures need to feel more included in their communities. And finally, social and health services that support individuals and families were viewed as fragmented and at times difficult to access. Participants desired more coordination between services within a sector, such as health, and between sectors, such as health and education.

## ISSUES ON THE MIND OF THE COMMUNITY

This section presents specific issues identified by those who participated in this process.

In this report themes are organized into the following categories: Education, Health, Financial Security, and Special Populations. While presented here in sections, it is important to note that in many conversations and surveys, participants acknowledged that these issues are inter-related and thus an integrated approach addressing issues is needed to ensure Greater Portland is a place where everyone can prosper and live a healthy, productive life.

### EDUCATION

Education was the most frequent topic with a total of 446 comments identifying education as key to improving the lives of individuals and families in the Greater Portland community. Participants' contributions are arranged in three broad thematic categories: early childhood education, kindergarten through 12th grade education, and postsecondary education. Providing

opportunities for all youth to succeed was an issue participants noted. As one participant said, "Schools need to truly embrace 'no child left behind' by including kids [who are] in poverty, with disabilities, and [are] homeless."

### Early Childhood Education

Early childhood education was a key theme in community discussions. Participants acknowledged that preparing children for success in school and beyond begins at birth and that pre-kindergarten positions a child for academic success. As such, participants identified access to formal pre-kindergarten settings as essential. While some expressed the opinion that all children should have access to free, quality pre-kindergarten, a few were of the opinion that there needs to be a focus on children who live in poverty or for whom English is their second language. While providing the building blocks for literacy was recognized as a key issue to address during the pre-school years, social-emotional development was also identified as worthy of more attention than it currently receives.

Beyond structured education for children prior to kindergarten, participants acknowledged the importance of family supports. The model used by Head Start programs to engage parents and provide a "one-stop" model to make resources available was viewed as an effective way to support families.

Two populations of children and their families were specifically identified as needing supports beyond what is currently available: children who are New Americans and children with special needs. One person shared a powerful insight into why children from immigrant families may be disadvantaged as they start school.

*Our children, even though they are born here, stay at home with mom. There is no opportunity for them to go to early childcare. Parents keep them at home and by the time they get to school they receive all kinds of diagnoses and are labeled with mental health or behavioral problems. But the fact is these children never had a chance to develop the skills they need to succeed in school... Kids end up missing those early years of education and parents may not even*

*be aware of the better chance their kids would have if they had access to quality early care and got that socialization and education.*

A few participants also noted that children with special needs do not have adequate supports in pre-school settings such as Head Start. "Limited funding provides for a baseline of services, and teachers cannot provide specialized services on top of everything else that is happening in the classroom."

Many recognized that while education is important, it does not meet all needs of young children. They expressed the need to ensure that all children have health insurance and food security.

### K-12 Education

Moving beyond early childhood education, participants also shared their views on K-12 education. Participants acknowledged that education does not happen in a vacuum; rather, it occurs within the social contexts of our community. Participants recognized that race and ethnicity, poverty, and other social inequities can impede students' chances of succeeding. They noted that schools are places where inequality exists. One person explained, "Everyone should be treated the same. For example, in schools, not everyone is treated equally. Some people are treated different based on their socio-economic backgrounds, gender, race, or religion."

Some talked about the necessity to better support diverse student populations. One suggestion was to have a more diverse teaching staff in the schools. One young person stated, "I know at Portland High School we have maybe two teachers of color." Another specific diversity issue raised was around English Language Learners. Some felt that in schools there is a need to provide these students with more supports and to be more inclusive. As one person said, "The children of New Mainers need to be well integrated, educated, have the

same opportunities for growth. They need to know they are here not as foreigners, not as second class citizens. Every child needs an equal opportunity to realize their potential."

Poverty was cited by participants as a key barrier to children's academic success, with a few citing generational poverty as "one of the bigger problems." High school graduation was identified as critical to breaking the cycle of poverty. The link between academic success and poverty (hunger, homelessness, and health) were clear to participants in the conversations. As many noted, children cannot learn when they are hungry.

While issues of inequality, diversity, and poverty ranked high in the discussions, bullying, substance use, and mental health issues were also noted as problems that interfere with learning.

Participants noted the importance of literacy as a foundation for student success. The importance of ensuring students are reading proficiently by the end of third grade was called out by participants. While some expressed belief that academics need to be strengthened, a few participants also acknowledged the importance of teaching skills, such as critical thinking, financial literacy, and civic engagement. As one person said, "Academics need to improve. Students need the ability to think critically for themselves so they'll be able to evaluate and determine if the information they're receiving from the media or any source is accurate." A few participants also encouraged schools to pay attention to the importance of social-emotional development and to provide supports for students to build resiliency skills.

Participants expressed a desire to see stronger links among social services, health services, and schools. One person stated, "We need services in our schools for kids: mental health, occupational therapy, physical therapy, speech therapy, and play therapy." As one person explained, "We have examples of organizations that provide structure, like afterschool programs that help kids with homework. The main barrier is a non-holistic look at the issues."

### Postsecondary Education

During a conversation, one person shared his view on college attendance in Maine when he said, "Maine's high school graduate rates are okay, but we need to increase the number of people who attend and graduate

from college." Conversations and surveys highlight a range of perspectives regarding the need to obtain a college degree. While some participants were of the opinion that a college degree is essential in today's world, a few believed a college degree is not necessary or appropriate for everyone. Those who advocated for a college degree expressed the belief that higher education guarantees a self-sustaining income. Those who did not believe a college degree is essential were more likely to support technical and vocational training following high school graduation. One participant offered a succinct summary, "It's great to encourage kids to go beyond high school, but not all kids need or want it. We need more vocational schools, and we need to encourage kids to look at the trades as an option."

A few expressed concern that education currently being offered does not align with the future of Maine's economy. Using an ice hockey analogy, one participant said, "In team sports, you don't go to where the puck is, you go to where the puck is going to be: understanding where jobs are going to be, who needs to be involved to help inform how education will be delivered, and what the content is going to be for these future opportunities."

The issue of the affordability of post-secondary education was noted in some discussions. For those that attend college, the debt they accumulate can be overwhelming. A few participants noted that the cost of a college education keeps young people from pursuing post-secondary education so they end up in lower wage jobs, struggling to make ends meet. One person described it as a cycle that is in need of intervention. "It seems it is an economic problem, a financial problem. Kids graduate from high school and don't get scholarships; they go to work for very low wages or end up on welfare. If we can get these kids aid, we secure their economic situations because they have higher education." A few suggested that college should not only be affordable but that the first two years should be free to students.

Finally, it was noted that student debt and low wages are impacting Maine's ability to keep its young people in the state. Jobs in Maine may not pay wages comparable to those in other areas of the U.S.; hence a number of college-educated youth move out of state to earn the income needed to pay their loans and meet their basic needs.

## EDUCATION SUMMARY

Participants in the conversations and surveys emphasized the importance of education from early childhood through post-secondary. The importance of children reading proficiently by the end of third grade was recognized. It was acknowledged that poverty was a significant barrier to children's education. A key idea was that all youth should have the opportunity and support to academically succeed regardless of race, family socio-economic status, or disability. People recognized that schools alone could not address all the needs of children and families and called for schools, health services, and social services to work together to provide essential supports. Regarding postsecondary education, participants identified the need for multiple pathways to earn college degrees or certifications. The high cost of college and resulting debt was identified as a reason young people pursue jobs outside of Maine, which poses a threat to the future of Maine.

## HEALTH

Health was a key issue that arose in the conversations and on the surveys as demonstrated by 261 coded excerpts. One person's comment summed up the sentiment of many participants when she said, "I would like to see us be a healthier community." Most frequently mentioned under the umbrella of health was the need to address access to care, including mental health and substance abuse services. Each issue is addressed in more detail below.

### Access to Care

Access to care was a common theme in conversations and surveys. The call for universal coverage was stated differently by people but could be classified as pointing to the same need. The following are participants' words calling for health care for all.

- "People who are sick should be able to see a doctor even if they can't pay."

- "In ten years I would like to see everyone have access to health care."

- "I want to live in a community that values health— health care for all, folks get the medication they need or the substance abuse treatment they need."

- "Expand MaineCare. It's ridiculous that we don't take care of the health care needs of all residents."

Participants noted that access to health care is impeded by affordability, lack of coverage for certain services or supplies, and geographic location. With the introduction of the Affordable Care Act, people are required to have health insurance. Some participants pointed out that this not only creates a financial burden for people but, due to high deductibles and co-pays, having health insurance does not necessarily make health care more accessible. As one participant stated, "I can't afford to use the policy I have and I can't dump the coverage."

> I can't afford to use the policy I have and I can't dump the coverage.

In some conversations, the need to expand Medicaid coverage was raised. Those who cannot afford to purchase health insurance and are not eligible for MaineCare, Maine's version of Medicaid, have no health insurance. Participants noted that a lack of insurance can lead to more frequent use of the emergency room. As an example, one professional who works with people with mental illness reported that she sees people "that need case management services, but they don't qualify for MaineCare, so the only place for medical care is the emergency room."

In addition to home health care, other preventive services that support health and daily functioning such as dental and vision services are not covered by MaineCare, Medicare, and some private insurance plans. Seniors and individuals with disabilities pointed out that adaptive devices, such as hearing aids, are not covered by public sources of insurance. In addition, certain prescription medications are not covered, leaving people to "choose between medication and food."

An additional barrier to accessing health care is where people live in Cumberland County. In rural areas of the County, there is limited public transportation, making it difficult to get to medical appointments. This becomes more problematic when one needs to access a specialist. As one person stated, "It's hard to see a specialist in Portland when you live in Bridgton."

### Behavioral Health

Behavioral health encompasses mental health and substance use. It is important to note that during the time conversations were held there was extensive media coverage on Maine's opiate crisis. The coverage likely added to participants' recognition, understanding,

and sense of urgency related to opiate use. While participants often talked about mental health and substance use separately during the conversations and in surveys, they identified common causes, challenges, and potential approaches to identification and treatment.

The first of these issues is the stigma associated with being diagnosed with a mental illness or substance use disorder. As participants noted, this stigma can keep individuals from seeking help. Participants also noted that both mental illness and substance abuse are sometimes perceived as "character flaws" by those who are unaffected. The view that substance use disorder is a character flaw rather than a disease was seen by a few as having an impact on accessibility to treatment options. As one person stated, the "stigma around drugs is a huge barrier in the legislature and the physician community. Many physicians don't want to treat Suboxone patients. They see patients as having character flaws, not chronic health issues. But real people are dying." Another person shared, "Policymakers think it [substance use] is a character flaw versus a public health issue. They must understand and fund treatment that works."

Beyond the stigma attached to mental illness and substance use disorders is that neither health condition is treated on par with other physical health conditions. One participant stated, "Mental health should be treated like a physical illness. It is a disease of the mind. It should be treated that way, like all health, treated holistically." In reference to substance use disorder another participant stated, "We need to reduce the stigma so people will come forward for help. It's a chronic disease."

Participants noted that substance use and addiction, particularly opiate use, cuts across boundaries of age, income, and geographical location. One participant in a community conversation held in a town outside of Portland stated, "People think [this town] is lily-white. We still have substance abuse and homelessness. People just don't know about it." A participant in a conversation held in a rural area of Cumberland County noted, "Opioid and drug abuse are growing in the region. It crosses all lines in the community." A participant in a Portland community conversation stated, "We need to work on the drug problem. It's everywhere,

not just in the poorer neighborhoods, but all over the city."

Participants noted that Adverse Childhood Experiences (ACEs) or toxic stress can underlie both mental illness and substance use disorder in children and adults. Adverse Childhood Experiences are traumatic events that can have negative, lasting effects on health. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent. Living in poverty and neglect can also contribute to ACEs. The impact of ACEs can often be seen in adults and are shown to be related to chronic health conditions. A few participants shared the view that "effective treatment for mental health issues needs to address underlying issues of trauma that many have experienced." Another participant stated, "Addiction is sometimes very much connected with experiences of being traumatized. If you can't look at that and address it, then it's not going to work."

Children and adolescents were identified as two populations that need more attention in the areas of mental health and substance use. Early diagnosis and treatment of mental illness were seen as missing components for these demographics. One participant explained, "At one time there was early diagnosis in child care centers and quality programming for those identified. Support for mental health in the child care setting was successful and inexpensive. That [program] is no longer funded. If we got it right with kids 0-5 years old, we wouldn't need to spend it down the road." Participants noted that substance use starts early for some youth. At a rural conversation, one participant shared her observation. "The local school system has a heroin problem. Freshmen come from eighth grade with heroin addiction." High school students talked about how they attempted to help their peers who were struggling with substances without involving adults. One person shared, "My friend struggled with drugs and each year it got worse. We talked to him and told him — it wasn't a full blown intervention — but we told him he shouldn't do that. And it backfired, he just told us to forget it, found new friends, and it got worse."

> We need to work on the drug problem. It's everywhere, not just in the poorer neighborhoods, but all over the city.

Participants recognized that there is a lack of available treatment options for mental illness and substance use disorder. One conversation participant highlighted this when he stated, "unless you're suicidal, you can't get into [facility name]. We are closing down facilities." Access to mental health and substance use treatment can be especially problematic in rural areas. People noted that there is a lack of providers in rural towns, particularly in pediatrics and geriatrics. One person cited a need for a "crosswalk between elder care and mental health issues." We need more providers who know the "difference between depression and dementia." Treatment of substance use disorders, particularly opiates, was frequently raised, with primary barriers being lack of insurance, lack of treatment facilities, and limited access to those in operation. "There are only a few left in the state and people can't travel hundreds of miles looking for one." It was acknowledged that "what is needed is long-term help for abuse" not "treat and release."

Some participants suggested that problems are deeper than an inadequate number of treatment facilities. They advocated for changes in the delivery system; for example, a mental health provider on-site in homeless shelters or social workers in primary care practices. In other conversations, the issue of behavioral health homes was identified as a system of delivery that holds promise.

Conversations raised the need for a comprehensive approach to the issues of substance use disorders and mental illness, which can co-occur. Participants wanted a coordinated system of care. One person summed it up when he/she said, "We need a comprehensive approach. We are all working hard, but in silos. It's a community-wide problem and it needs a coordinated response." Some were of the opinion that while pieces of the system are available to deal with substance use disorders "it doesn't function as a system. We need a thorough gap analysis and funding that's sustainable." People recognized the need to focus on prevention, identification, treatment, and recovery.

## HEALTH SUMMARY

Health was a key issue raised by participants in conversations and surveys. Major issues identified include access to health care, mental health, and

substance use disorders. Participants noted that mental health and substance use disorders cut across age, income, and geographic categories. Barriers to health care include affordability, lack of insurance coverage, and high deductibles. In addition to these barriers, those seeking mental health or substance use treatment must deal with the stigma associated with these disorders, a system that does not treat these disorders on par with physical health issues, and a lack of treatment options. Participants highlighted the fact that mental health and substance use disorders are often the result of traumatic experiences, including Adverse Childhood Experiences. Participants identified the need for health care systems to take a more integrative, holistic approach to meeting the needs of those who deal with mental health and substance use disorders.

## FINANCIAL SECURITY

The standard of living an individual or family aspires to may differ, but participants identified an adequate wage, affordable housing, and food as the basics to which all people in the community should have access. Participants identified income (269 coded excerpts), affordable housing (214 coded excerpts) and poverty, including hunger (185 coded excerpts) as issues that need attention. Each issue is discussed in more detail below.

### Poverty

Participants recognized that in some families poverty is generational and therefore "accepted. It's a cycle and those in the cycle don't know the difference." As one person said, "We need pathways out of poverty. Being a small state we can't afford to have any of our human capital left by the wayside." To find these pathways out of poverty, it was suggested that we need to have a deeper understanding of poverty, "We need to have a great understanding of the impact of poverty and the root causes so we can help people move on from desperate situations." One person suggested that to gain this understanding we need to "engage those living in poverty in a meaningful way and treat them equally. Involve them in the community conversations, the work we're doing, to help affect change for them." And finally, one person highlighted the need to "attack poverty, not the people in it."

> Attack poverty, not the people in it.

[3]Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Koss, M.P. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults; The Adverse Childhood Experiences (ACE) Study, American Journal of Preventative Medicine 14(4), 245-258.

Participants recognized that there are people who work full-time but still have trouble meeting their basic needs. One person explained, "Wages are too low. When people get a check from their job, they pay for rent, then groceries, and that's where their check ends. Food prices are skyrocketing." Some participants voiced support for raising the minimum wage to a "livable wage." A few acknowledged the tension around this strategy. "Raising the minimum wage is an option but it's complicated politically and it has economic impacts that are bigger than people think."

Hunger was an issue many participants linked to poverty and many want it addressed. As one person said, "I want to live in a community where no one goes hungry; where there's enough food for everyone." Populations most susceptible to food insecurity include children, seniors, and people seeking asylum. People acknowledged the link between hunger and education as previously noted.

Food pantries were acknowledged as a helpful source of food for individuals. One senior shared that her food stamps were cut so she used the community food bank. While food pantries are an important source of food for many, people also cited limitations of the pantries, including limited hours in rural areas and a low supply of food near the end of the month. In rural areas, transportation to food pantries was also cited as a barrier to access.

Participants noted a need to create wider awareness of food sources, such as Meals for ME services. They also recommended local strategies for feeding the hungry such as community gardens, farm share programs for seniors, food backpack programs in schools, and the delivery of food boxes to people who are homebound.

## Income

Good paying jobs are essential to helping people move from poverty to financial security. Some recognized the connection between jobs and a thriving economy. "We need a thriving economy in order to succeed, which requires investors willing to invest in the community. In the last few years, I've seen that disconnect grow and that concerns me." One participant summed up additional needs as "training for jobs—and to bring more jobs to the area we need to encourage businesses to come to the area. Look at tax incentives and reform taxes businesses pay. Find out what businesses need to hire more workers and then train people so they're ready

to work. Make sure workers have good places to live that are affordable and accessible."

Inadequate wages did not only affect people at the lower end of the socio-economic scale; it also affects others such as young professionals in the area. The combination of household expenses, childcare, and student loan repayments is challenging even for those who have earned a college degree. As one said, "It's hard to make ends meet: between student loans, home ownership, etc., people can't make it. Childcare is more expensive than housing." The high cost of childcare figures prominently in families' expenses. Participants in the conversations identified the need for more affordable childcare options, including employer-based childcare centers and after-school care.

Young people moving out of Portland and Maine were noted as an area of concern. One young professional explained, "I love Portland but I want to make a little money, pay my student loans, and not live at home [with my parents] for the rest of my life. It's something very powerful to provide for yourself and for people you care about and to give back. I can barely give back. I give $20 to my college and that's a lot. It sounds simple, but I want a community that invests in the people that are here, grows them, nurtures them, and pays them!"

### Affordable Housing

The issue of affordable housing arose in conversations and survey responses. Participants identified the need for affordable housing for individuals and families in a range of circumstances. They noted the need for an integrated approach to housing that considers long-term shelters, temporary housing, subsidized housing, and affordable housing for middle income individuals and families.

Some participants identified the need to reduce homelessness in Greater Portland. People acknowledged that reducing homelessness will require more than subsidizing housing. They noted that while lack of a job may lead to homelessness, those who are homeless often deal with issues such as mental illness, substance use disorders, and trauma. As one person stated, "To deal with the housing problem, we need to tie in services for substance abuse and mental health."

People cited a need for more subsidized housing. According to participants, waiting lists for subsidized

housing are so long it can be years before one is able to access housing. Participants also noted that in general "rents have skyrocketed" and a few cited a need to control the rising price of rentals.

Participants acknowledged that it is also becoming difficult for middle income individuals and families to find affordable housing in the Portland area. They spoke of a mismatch between salaries and the costs to rent or buy a home in the area. As one person said, "I should have a shot at buying a house if I live here and buy my groceries and gas here. I have an education and a job and a career path, and if I can't buy a house, then a lot of other people can't either." A few participants noted that lower income rental buildings are being purchased by developers who renovate to appeal to a higher income bracket, with the result that "people with regular jobs can't afford to live there anymore."

> I should have a shot at buying a house if I live here and buy my groceries and gas here. I have an education and a job and a career path, and if I can't buy a house, then a lot of other people can't either.

Portland is not the only place where housing costs are viewed as problematic. At a conversation in a coastal town, it was noted that the cost of owning a home or renting is beyond the reach of residents. "Taxes are a big problem. It's very expensive to live in here, to own property. A lot of people can't afford to rent and can't afford to buy. Rents are high everywhere, but this town is way out of whack."

Participants identified the need for affordable housing that meets a range of needs for seniors. For some, affordable apartments are needed. As one senior explained, "We need senior citizen apartments where the rent is on scale according to income. I don't qualify for a subsidized apartment, so now I have to pay more than I can afford." Others were willing to share space to make their housing more affordable. One senior suggested the development of "smaller intentional communities for folks. Taxes are hard to pay so create a round building with a common kitchen and living room in the center and each individual would have their own bedroom, like numbers on a clock."

A few seniors spoke of the impact taxes have on their ability to remain in their home, even when the mortgage is fully paid. One senior explained, "We need to eliminate commercial zone taxing for seniors. Property taxes are going through the roof and they [seniors] have nothing to live on. I used to live in that [commercial] zone and had to move out because it was way too expensive. Don't know how they [other seniors] can stay. It's awful when you have to move out of the home you owned/were raised in. It's not right."

## FINANCIAL SECURITY SUMMARY

Poverty was recognized as a long-standing issue in the community, with generational poverty highlighted as one of the more concerning issues. However, people also acknowledged that individuals can work full-time and still not be able to meet their basic needs. Support for raising the minimum wage was expressed. Hunger was identified as especially problematic among children, seniors and those who were not eligible for income benefits. Food pantries were seen as essential but participants also encouraged the use of additional strategies.

Housing costs that are disproportionate to incomes in the area were cited as a barrier to enabling people to move forward toward financial security. These costs were identified as a problem for a wide variety of people in the community ranging from young professionals to seniors. Participants acknowledged the need to address the problems of homelessness, including chronic homelessness due to mental health or substance use disorders, long waits for subsidized housing, and skyrocketing rents. Seniors noted that property taxes could make continued homeownership unaffordable for them.

## SPECIAL POPULATIONS

Children and families were at the center of many conversations, but participants also called attention to the needs of two specific populations. Concerns about the needs of seniors and New Americans living in our communities extended the issues raised in the education, health and financial security sections of this report.

### Seniors

Seniors' needs were identified not only by seniors but also by others in the community, including family members who care for aging parents. One person summed up the need to care for the elderly when she stated, 'I want to live in a community that has appreciation for the elderly — taking care of them, respecting them, making sure they're safe, protecting their independence, and meeting their transportation needs."

**Independence.** Remaining in their homes or even in the homes of family members can be a challenge for seniors. A few pointed out that seniors and individuals with disabilities are unable to afford the services that would allow them to continue to live independently in their homes. Ongoing home care services are not covered by most private or public insurance plans. One participant pointed out that sometimes the appropriate home health service is simple but critical. "An issue with homebound seniors is managing medication. They may get a prescription but may not have a visiting nurse to help manage the medication and could be confused about how to take it."

A few identified the need for assistance when they are caring for an aging relative. One participant explained, "I work at night and take care of my mother during the day. What about having volunteers to check up on seniors to make sure they're okay? It would be a great relief to me to know she's okay while I'm away." Still others talked about the need to have appropriate, affordable, assisted living facilities where the level of care would increase as the senior's needs changed. One participant said, "We need more resources that enable seniors to be in appropriate living situations. We need stepped-up levels of assisted living and help to pay for services whether at home or in a residential facility."

Transportation is also an important component of a senior's ability to maintain a level of independence. In rural areas of the County, there are few options for seniors. Conversation participants described creative ways groups have addressed this issue as well as suggested additional solutions. In Freeport, the Freeport

Elders Association, located at the Freeport Community Center, purchased a bus and hired a driver to transport participants. One person suggested "Uber for seniors" while a few suggested that there be "a bus that picks people up [in rural areas] and brings them to Portland. Seniors could ride free."

**Community.** While resources for seniors exist in some communities, seniors may encounter difficulties navigating these resources. One person explained, "I'm an outsider. Finding resources for me is very difficult. I don't worry about care at the hospital but I'm sitting in the community and can't find information." A few suggested that seniors, and family members that care for them, would benefit from having advocates to help them locate services.

Another issue that was identified is the need for more opportunities for seniors to socialize. As one person said, "We need a senior center in every community and transportation to get there." In another conversation, seniors suggested that there is a need for more daytime activities for seniors. Among the suggestions were card games, bingo, foreign language classes, art classes, dancing classes, and special interest groups, such as a group that works on antique cars.

### New Americans

Like other residents of the Greater Portland community, New Americans face issues such as lack of job opportunities, accessible health care, and affordable housing. They also often face discrimination and bias as they settle into their new communities. Additional barriers faced by New Americans include language barriers, professional credentials that are not recognized in the United States, and integrating their culture with the culture of their new home.

**Employment Challenges.** Immigrants that come to Maine often choose to learn English to increase their ability to navigate their new culture and enhance their job prospects. Adult education is one source of language acquisition for English Language Learners. Participants from other countries cited the need to have quicker access to these classes. Participants noted that as they learn English they have limited opportunities to practice conversational English. A few also noted that immigrants come to the United States with higher education degrees and have had a professional career in their country as a doctor, engineer, architect, or teacher. However, their

> In my country I was a teacher and I had a good position. Now here I can't even get a housekeeping job because I don't have housekeeping experience. I am a mother of five; I know how to clean a house!

credentials do not transfer to the United States. One woman shared, "In my country, I was a teacher and I had a good position. Now here I can't even get a housekeeping job because I don't have housekeeping experience. I am a mother of five; I know how to clean a house!" Another participant explained, "I am almost 60 and an engineer. I have 25 years of experience and nobody acknowledges my certificates." Not only are credentials often not recognized, but as one participant explained, higher education can make it more difficult to get a job so "many immigrants limit their resume and do not include their college or post-graduate education because otherwise they are seen as overqualified."

**Additional Challenges.** Immigrants that come to Maine seeking asylum face additional barriers settling into the community. As a participant stated, "It is very difficult for immigrants to navigate the process of getting legal status on their own." Without that status, immigrants cannot qualify for public assistance such as subsidized housing or food. In addition, they cannot legally obtain a job without a work permit, which can take a long time to obtain in the United States.

An additional challenge faced by New Mainers is that of racism. In a few conversations with groups from Portland's ethnic communities, participants talked about the discrimination and marginalization they face in the community. One person stated, "The system is entrenched in racism – we [people of color] have very little power or influence." One participant described how bias works against immigrants in housing and employment. They noted that individual landlords discriminate against New Americans who do not speak English. Another person stated that even if you have "a good command of the language, an accent can be a problem" in getting a job or a place to live.

Racial profiling by law enforcement was also an issue that was raised. One teen said he wanted to live in a community where there was "no racial profiling; where it was safe for young people of color to walk the streets and not be harassed by law enforcement." Another

person described being subjected to random comments regarding his race. He explained that though he has been in Maine a long time (his children were born here) people on the street still say to him, "Go back to where you came from." Another shared his experience saying, "I've noticed that some people hate Muslims in Portland. I have suffered from this more than two times a day."

## SPECIAL POPULATIONS SUMMARY

Additional challenges that seniors and New Americans encounter were noted by participants in community conversations and surveys. Seniors and their families need additional in-home supports and advocates to help them navigate social service and health care systems. Seniors also need access to transportation and opportunities to socialize.

New Americans face a host of challenges that extend beyond the education, health, and financial security issues other community members encounter. They are faced with a shortage of courses for adult English Language Learners, credentialing systems that do not recognize professional degrees and certifications from other countries, and racism when searching for a place to live or a job.

# REPORT SUMMARY

More than 2,000 individuals contributed their voices to community conversations and surveys. Data from the conversations and surveys were analyzed to identify participants' concerns, views, and suggestions. This reports described the findings of this analysis.

Participants shared visions of a welcoming, thriving, engaged community that embraces diversity, knows and cares about its neighbors, values the voices of all, and works across sectors to find solutions to problems. Specific issues raised include: the need for quality learning and education from birth through post-secondary education; access to health care including care for mental health issues and substance use disorder; and the need for all community members to have access to jobs with livable wages, affordable housing, and food security. They voiced a desire for Greater Portland to be a place that supports all its community members and attends to the needs of seniors and New Americans.

Their views, concerns, and suggestions, along with current research and the work of expert panels, provided input to a Community-Wide Goal Setting Council whose task was to establish 10-year goals for the Greater Portland community. The following ten-year goals resulted from the process.

1.  Every child in Cumberland County has quality early learning experiences beginning at birth.

2.  Individuals and families in Cumberland County have the education, employment opportunities, and resources to achieve financial stability.

3.  Children, adults, and communities in Cumberland County have the resources and opportunities to achieve optimal health status.

Achieving these goals will require coordinated efforts of Greater Portland residents, non-profits, schools, businesses, government, and coalitions. Conversation participants expressed the belief that all residents can contribute to improving our community. One young person offered an inspiring vision of personal responsibility when she said, "I realize that I may not be a powerful business person in this world, but I am somebody. If I can make a change, I will. I want to start right now in Portland, Maine."

# APPENDIX A

Figure 5. Percent of Participants' Home Town/City Compared to Census



**Legend:** ■ Participants  ■ Town population as percentage of Cumberland County population (Census)

X-axis (City/Town): Bridgton, Cape Elizabeth, Casco, Chebeague Island, Cumberland, Falmouth, Freeport, Gorham, Gray, Harrison, Naples, New Gloucester, North Yarmouth, Peaks Island/Cushing Island, Portland, Pownal, Raymond, Scarborough, Sebago, Standish/Steep Falls, South Portland, Westbrook, Windham, Yarmouth, Blank, Other

| City/Town | Participants | Census |
|---|---|---|
| Bridgton | 1.4 | 0.8 |
| Cape Elizabeth | 3.8 | 3.6 |
| Casco | 0.2 | 1.5 |
| Chebeague Island | 0.1 | 0.1 |
| Cumberland | 2.0 | 2.9 |
| Falmouth | 4.3 | 4.5 |
| Freeport | 5.9 | 3.2 |
| Gorham | 3.5 | 6.6 |
| Gray | 1.4 | 3.1 |
| Harrison | 0.3 | 1.1 |
| Naples | 0.4 | 1.5 |
| New Gloucester | 0.9 | 2.1 |
| North Yarmouth | 1.3 | 1.4 |
| Peaks Island/Cushing Island | 1.1 | 0.3 |
| Portland | 33.5 | 25.8 |
| Pownal | 0.1 | 0.6 |
| Raymond | 0.5 | 1.7 |
| Scarborough | 4.7 | 7.6 |
| Sebago | 0.1 | 0.7 |
| Standish/Steep Falls | 0.9 | 3.8 |
| South Portland | 8.9 | 9.9 |
| Westbrook | 6.0 | 6.9 |
| Windham | 2.7 | 6.8 |
| Yarmouth | 2.6 | 3.3 |
| Blank | 6.3 | 0.0 |
| Other | 6.9 | 0.0 |