



Community Health Needs Assessment, 2019

December
2018



COMMUNITY HEALTH NEEDS ASSESSMENT REPORT 2018-2019

Completed December 2018

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Executive Summary

Recommended Health Priorities: York Hospital, 2019-2021

The local Community Health Needs Assessment process in 2018 helped York Hospital, partners and community members identify four health issues of concern in the local service area:

- **Mental Health;**
- **Substance Misuse;**
- **Healthy Aging; and,**
- **Food Insecurity.**

Social determinants of health were also identified and will be considered throughout the implementation plan. Along with food insecurity these include, isolation and transportation, and affordable housing.

These priorities were chosen through a process that examined data from state and county sources as well as local data including Community Themes and Strengths Survey results, local forums, discussion groups and one on one key informant interviews. These priorities were reviewed by the York Hospital Board and CTBH Advisory Board and approved as of December 2018. The data and priorities included in this report were reviewed at a Strategy Council meeting of York Hospital in November of 2018 and coincide with the Hospital's Strategic Plan for the coming year. This report, any updates and plans will be posted at <https://www.yorkhospital.com/990-chna/>.

In choosing priorities we took into account the following criteria:

- Data showing significant problem(s) compared to past and/or to the state numbers;
- Gaps in existing services and efforts;
- Concern for issue demonstrated by community members and collaborating partners; and,
- Capacity at York Hospital and among partners to implement actions resulting in measurable outcomes.

Implementation Plan, 2018/2019 DRAFT

The following is our draft plan for work to benefit our communities in 2019-2021:

- 1. Increase substance use disorder and prevention, intervention and addiction services for those at highest risk including youth, young adults and underserved/uninsured.**
 - Acquire additional resources to increase capacity to provide medication assisted treatment through the YH Recovery Center.
 - Provide intervention, treatment and recovery services to adolescents.
 - Support Choose To Be Healthy Coalition in preventing youth substance use disorders with evidence based strategies.
 - Introduce community based recovery supports.

- 2. Increase access to mental health services and supports in Southern York County.**
 - Work with Sweetser, NAMI Maine and local Behavioral Health Specialists to increase mental health services and improve collaboration especially in helping youth and young adults.

- 3. Increase opportunities for healthy aging in our area.**
 - Improve access to health care and social services.
 - Provide opportunities for multi-generational activities.

- 4. Reduce food insecurity and its effects especially families and our 65 and older population.**
 - Use YH's expanded transportation and home care services and community collaboration to provide healthy meals.

The draft plan will be reviewed in January-March by internal staff and community partners to develop a more detailed action plan of evidence based strategies using the following criteria:

- Capacity to implement (resources, training, people);
- Staff and community member participation;
- Use of community resources/assets;
- Reach and evidence for strategies used;
- Ability to address disparities and needs identified by community, and,
- Potential for sustainability;

For more information on this report, process, and plan or to share your feedback, contact Sally Manninen, Community Health Director 351-2655, smanninen@yorkhospital.com.

Introduction

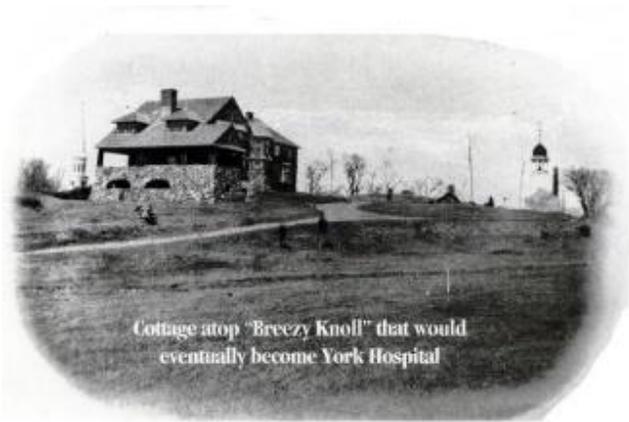
York Hospital is a not-for-profit 79 bed hospital that has been serving the needs of our community, patients and visitors for over 110 years. In 2019, if all planning is approved, a 20 bed acute rehabilitation facility will be added. We maintain a dual purpose – to provide high quality health care services to care for all, and to improve the health of those living in our expanding service area community. Medical services are offered at our main campus in York and at satellite locations throughout our service area in Southern York County. Our service area covers approximately a 250 square mile area with a combined population of just under 100,000 residents.

Starting out as a summer cottage built high upon "Breezy Knoll" in York Village in 1906, York Hospital has since grown to become one of the most respected, caring and sophisticated facilities in the Seacoast area.

York Hospital is committed to providing care for all – including the under- and uninsured of our community.

York Hospital has been an integral part of the quality of life in southern Maine for over a

York Hospital
Community Benefits
reported in 2016 were 21%
- higher than average



Cottage atop "Breezy Knoll" that would eventually become York Hospital

century. The Hospital's devotion to its values, and its responsiveness to the community it serves, truly sets it apart and is what makes the Hospital one of the most respected and successful organizations in Maine. York Hospital's success in meeting the needs of the community is based on one simple tenet: provide patients and their families with the highest quality, most accessible, sensitive and compassionate medical care.

York Hospital responds to community needs for clinically excellent healthcare, close to home, by partnering with tertiary care hospitals in Boston and Portland.

To provide patients with easy access to care, York Hospital has community outpatient medical facilities in Berwick, Kennebunk, Kittery, Sanford, South Berwick, Wells and York.

In 2016, York Hospital saw 73,163 patients. Of those, 5,104 identified as having no insurance and 631 qualified for free hospital care. Our

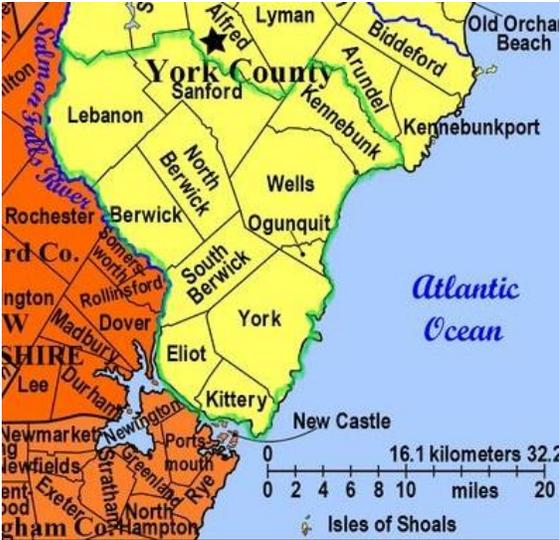
current services for these residents include our Health Care Help Center including the Prescription Assistance program, which provided \$6,330,293 in free or discounted healthcare to our neediest populations.

In addition to providing needed medical/healthcare services, the hospital supports our communities in many meaningful ways. Last year, York Hospital Transportation Services provided 13,315 rides (over 1,000 rides/month) to help patients get to and from medical appointments or to deliver prescription medications to their homes. This same fleet of vehicles, staffed largely by volunteer drivers, also delivered over 3,000 meals last year to residents and families who lacked access to fresh, nutritious meals due to illness, injury or other physical barriers.



We collaborate with many local social service agencies to design and deliver year-round programs to meet the basic needs of our community in support of stronger physical, emotional, spiritual, and financial health.

York Hospital continues a long history of listening to the communities it serves in order to help improve the health of those



living in Southern York County Maine by conducting and publishing its 2018 Community Health Needs Assessment Report. Compiled here are local, county and state health data and community member input about health issues and the needs and assets they care about most. We use this information to identify priority health issues, develop a plan to address them and monitor our progress.

York Hospital thanks the Maine Shared Community Health Needs Assessment partners, the Maine CDC, Central Maine Healthcare, Northern Light Health, MaineGeneral Health, and MaineHealth, for providing county and statewide data for use in our assessment and planning process.

Additionally, we thank our partner, the Choose to Be Healthy Coalition and the Community Health Team, for helping us to engage diverse community stakeholders in this process and for compiling this report.

The Community Health Needs Assessment Process

York Hospital has a long tradition of asking community members for feedback formally and informally to determine concerns and needs.

Transportation was the biggest barrier to healthcare for many in two consecutive community surveys which led the hospital to establish its now extensive transportation service. The formality of the CHNA requirement helps to ensure community participation, collaboration and follow up.

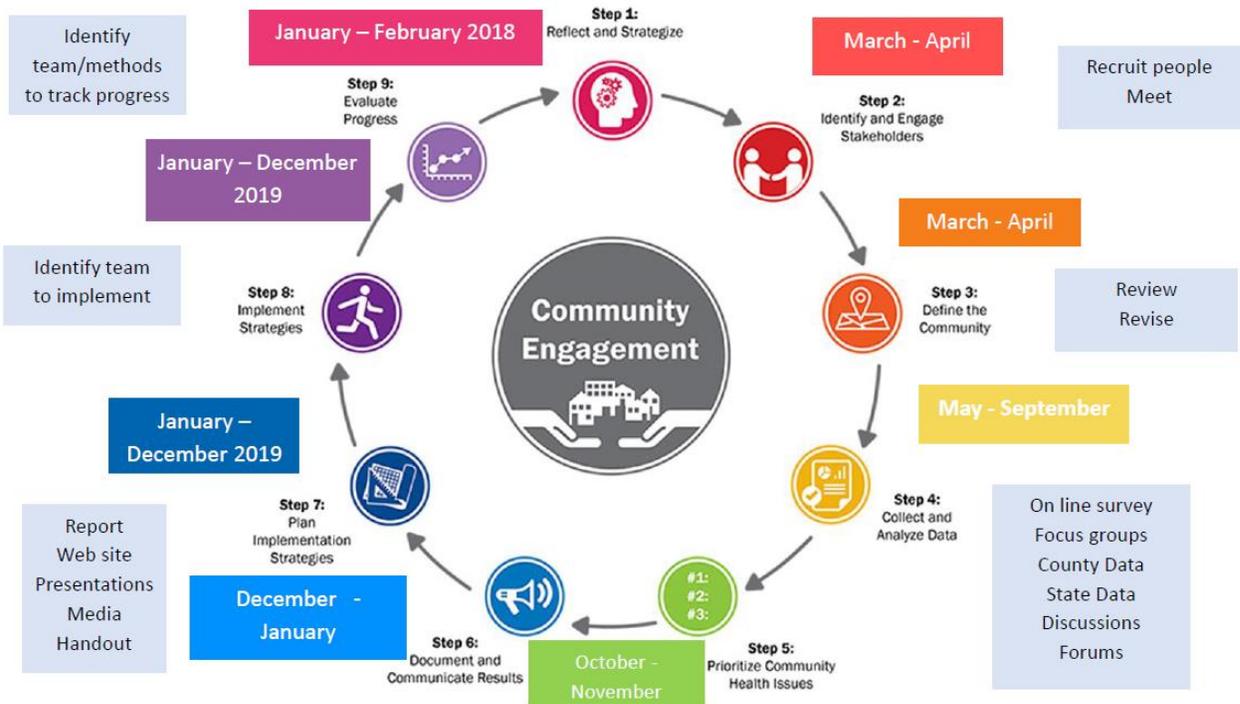
- **Tax exemption is source of the federal legal standard**
 - IRS and Treasury Department develop guidance and handle oversight
 - IRS has defined "community benefit" through guidance for tax-exempt hospitals (1969 Revenue Ruling): does the hospital promote the health of a class of persons broad enough to benefit the community?
- **Tax-exempt hospitals must report their community benefits annually to IRS on Form 990, Schedule H**
- **Affordable Care Act added new requirements for tax-exempt hospitals (2010)**



The 2015 CHNA Process, Report and Implementation Plan was reviewed in preparation for the 2018 CHNA. In 2015, the following top health priorities were chosen: opioid overdose, youth drug use, tobacco use, and obesity. The CHNA 2015 Implementation Plan, led to the development and implementation of the following strategies:

- A Healthy Weight Management Program, 5 sessions per year.
- Support the expansion of the Eastern Trail;
- Sponsor a series of six "Walk With the Doc" community walks.
- Support local events and programs that promote family physical activity;
- Expand outpatient addiction treatment services to include Medication Assisted Treatment.
- Develop and implement a Responsible Opioid Prescribing Policy throughout York Hospital system.
- Continue to implement Student Intervention and Reintegration Program (SIRP) in partnership with area high schools and Sweetser, Inc.
- Partner with the Choose To Be Healthy Coalition to support youth substance abuse prevention activities in nine communities.
- Work with the Center for Tobacco Independence to allow for electronic referrals of patients who smoke directly to CTI from our EMRs.

The CHNA Timeline



In early 2018, York Hospital began its current community health needs assessment (CHNA) to identify the health needs of those living in the hospital’s service area. While undertaking its local CHNA, YH and its partners also participated in the Maine state wide Shared CHNA and the York County Public Health District CHNA process. When completed, there will be a Maine Shared CHNA for the state (2019), York County Public Health District (2019) and York Hospital which will reflect similarities and differences, perhaps overlap, and hopefully inform each other. We will incorporate any additional info from the state and county in early 2019 and submit an updated CHNA December 2019 to be on the same schedule as York County and Maine going forward.

The current assessment includes the Southern York County Maine towns of Berwick, Eliot, Kittery, Lebanon, North Berwick, Ogunquit, South Berwick, Wells, and York. Two new communities have been added since the last CHNA in 2015. These are Sanford and Kennebunk where York Hospital opened walk in clinics.

York Hospital is the fiscal agent of and partners with the Choose to Be Healthy Coalition (CTBH) a federal and state funded youth substance use prevention coalition housed at the hospital whose staff make up its Community Health Team. CTBH assisted in engaging the community in the health assessment process.

CTBH has a membership and Advisory Board purposefully comprised of those representing from all of its communities and diverse community sectors including education, law enforcement, behavioral health care, social service agencies, municipalities, business, faith, parents and youth. The involvement of these perspectives is necessary to implement successful health improvement initiatives.

Guiding the process was the perspective that much of what influences health outcomes happens outside of the health care system. These social factors include poverty, level of education, behavioral health status, age, and social connectedness, among others. Members of CTBH represent populations in the hospital service area with disparate health outcomes including those with low-incomes, the elderly, youth and those with substance use and mental health disorders. Elements of the National Association of City and County Health Officials’ (NACCHO) community health planning process were used in 2015 and 2018 to help community stakeholders identify a Vision for a Healthy Community and a list of Community Values, and a Community Themes & Strengths Survey was conducted in both years.

Maine Shared and York County Public Health District CHNA

To help coordinate the county and local CHNA, the York Hospital Director of Community Health participated on the Maine Shared CHNA planning committee and the York District Public Health Council. The Council is responsible for drafting and implementing its Public Health Improvement Plan.



In addition, a York County Community Health Forum was held on September 27, 2018 with over sixty public health professionals, community members, and decision makers who reviewed the most current county and state data, discussed local health concerns and helped prioritize health issues going forward as a county and as collaborating agencies, coalitions and hospitals. Notes and charts from that forum are included in this report.

Local Community Engagement

Members of the CTBH Advisory Board provided guidance of the CHNA process through monthly meetings with help from members of the York Hospital Patient Advisory Committee and York Hospital Board Member, Wendy Cote. The CTBH Advisory Board is made up of community members who live or work in all of our communities and represent the following: social services, schools, mental health treatment, law enforcement, the court system, healthcare, faith community, businesses, and parents. They reviewed the Community Vision for a Healthy Southern York County and a list of Community Values that were agreed upon in

2015. No changes were made. Additionally, the group reviewed and considered demographic, socioeconomic, disease incidence, and health behavior data to identify priority health issues.



York Hospital’s Vision:

We are committed to providing exceptional care to our patients and their families.
All our efforts must be thoughtful, kind and loving.

We are dedicated to creating and nurturing a fabric of compassionate relationships among physicians, care givers, patients and families to offer sensitive, understandable, high quality medical care experiences.

We recognize our responsibility to serve all in our community as they are the ultimate judge of how well we listen, respond and care.

Community Values

- Commitment to Health
- Diversity within Communities Equality
- Integrity
- Lifelong Learning
- Mutual Respect
- Peaceful Negotiations
- Personal Self-determination
- Supported Families
- Wellness

The following vision and values for our communities were created by the CTBH Advisory Board in 2015 and reviewed and confirmed in 2018:

We envision a healthy Southern York County where:

- People’s housing and food security needs are met.
- People’s health care needs are met, including mental health services.
- People have access to affordable, quality education across the lifespan.
- There is a sense of belonging and community connectedness.
- People can attend to their spiritual needs.
- People have jobs with livable wages.
- The air, water, and land are clean and people take an active approach in sustaining them.
- Diverse neighborhoods exist.
- Recreational programs and spaces are accessible and supported by the community.
- There is a low crime rate and people feel safe.
- The social service safety net resources are available, accessible, and people are aware of them.
- Public transportation is in place and is utilized.
- Strong families exist and are well-supported.
- Across the age span, people feel secure and are part of the community.
- There are low rates of preventable disease.
- We have an active and engaged citizenry.
- Arts and culture are supported, thrive and are an integral part of community life.
- People are happy, fulfilled, and peaceful in their dealings with each other.

Choose To Be Healthy Coalition Advisory Board Members

Eric Waddell, Superintendent of Kittery Schools

Rev. Sudie Blanchard, Faith representative York

Traci Avery Pardoe, Faith representative Kittery

Karen Boardman, former school nurse, York

Erin Dickson, School Health Coordinator, Noble

Pat Endsley, School Nurse, Wells

Maggie Norbert, Clinical Director of Sweetser Mental Health Services at York Hospital

Michelle Surdoval, Director of York Community Services Association

Josh Holt, Financial Advisor, Business Rep.

Hilary Leonhard, Fund Development

Karla Moulton, healthcare, parent

Tanya Pierson, Assistant District Attorney York County

Officer Jeff Upton, SRO South Berwick Police

Jen Hennessey, Recovery Advocate

CTBH Staff coordinated this process and compiled the CHNA Report with help from Development Staff and Advisory Board member, Hilary Leonhard. Staff: Sally Manninen, Director; Michelle Mason, Prevention Services Manager; Gina Brodsky, Program Coordinator; and Kaytlin Kimball, Project Assistant.

Data Sources

The quantitative data comes primarily from the 2018 Maine Shared Community Health Needs Assessment process and includes multiple secondary sources including the US Census, the Maine Behavioral Risk Factor Surveillance System, the Maine Integrated Youth Health Survey, and several State of Maine departments. The complete reports and data sources for this information can be found at www.mainechna.org.

York County and local area data used in this CHNA include:

- Demographic and socio-economic factors
- Health care access
- Health status
- Disease incidence and prevalence
- Health behaviors and risk factors

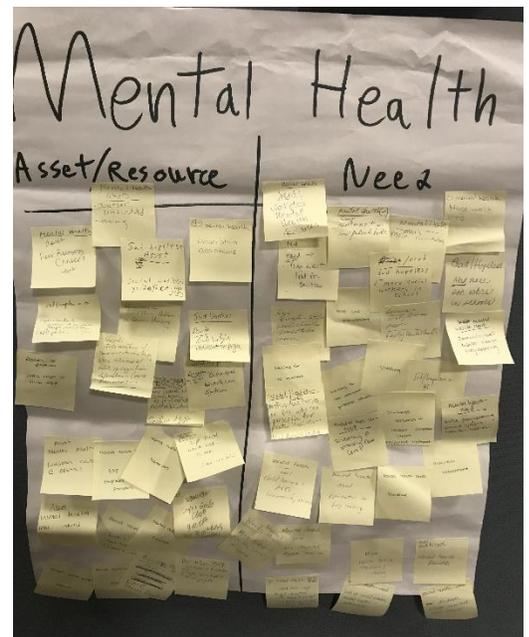
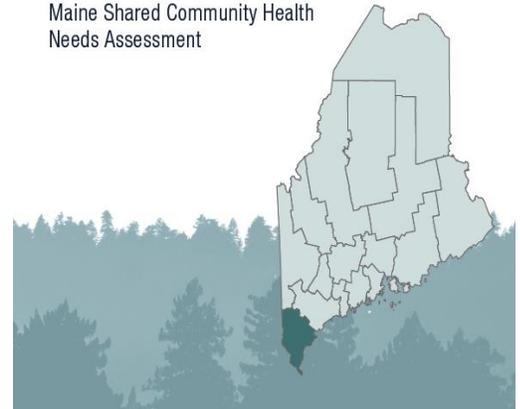
Qualitative data was compiled from:

- Group discussions with hospital staff and community members;
- Key informant interviews with stakeholders and patients;
- A Community Themes & Strengths online survey; and,
- A York County Community Health Forum.



YORK COUNTY HEALTH PROFILE 2018

Maine Shared Community Health
Needs Assessment



York County Community Forum Summary

On September 27, 2018 a community forum was held at York County Community College in Wells, Maine. The forum was planned by state Maine CHNA staff, the John Snow Institute evaluators who compiled the data and the York District Public Health Council which included staff from local community health coalitions, hospital community health departments, the Southern Maine Alliance on Aging, a Public Health professor from the University of New England, all area hospitals, the state Public Health Liaison and a community volunteer. Quantitative data from the Maine Community Health Needs Assessment (www.mainechna.org) was presented by the state evaluators.

Over 60 participants representing diverse community sectors including the medically underserved and low income population, higher education, health care, law enforcement, public health, local and state government, funding agencies, and community health coalitions reviewed the York County and Maine health data in small discussion groups. There were 2 objectives for the small group discussions.

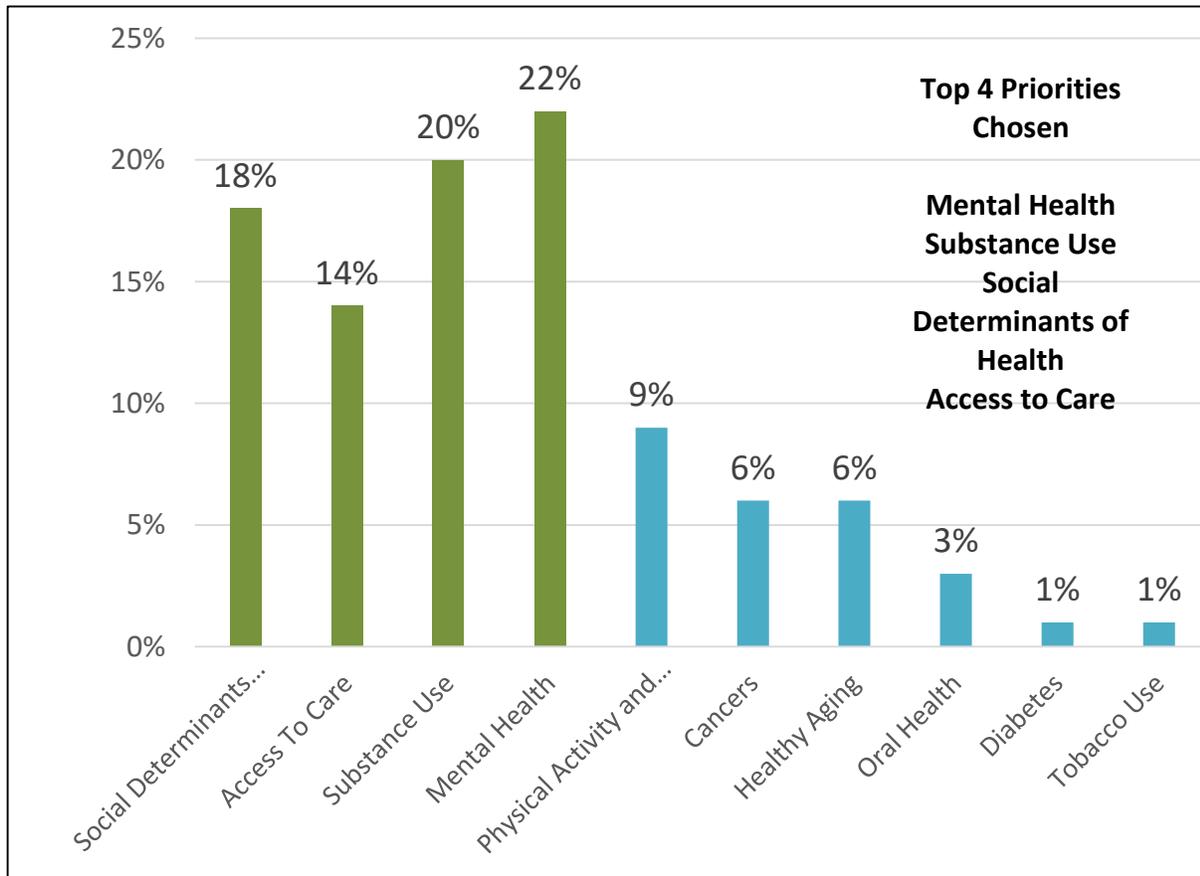
- 1. Identify local assets and resources available to address the health issue.**
- 2. Identify local barriers to and needs of addressing the health issue.**



The large group then picked the top four health priorities through an anonymous electronic voting system. After voting, the health priorities were reviewed again and each individual wrote down known assets and needs for each of the health topics as well as for those issues that were not in the top priorities. The notes from this forum are included in the Appendices.

The top four were chosen (Mental Health, Substance Use, Social Determinants and Access to Care) and will inform a state and Public Health District report to be completed by March, 2019. Any relevant information from the state and York County reports will be reviewed and included as needed in updates of York Hospital's CHNA.

York County Health Priorities: Community Forum, 9/27/2018



Community Themes & Strengths

York Hospital conducted a Community Themes & Strength Assessment via Survey Monkey that was promoted online at the York Hospital and the Choose To Be Healthy Coalition websites, through our newsletters and Facebook pages. This survey was adapted from a National Association of County and City Health Officials survey and was implemented locally in 2015 as well. The survey was reviewed internally and by the YH CHNA Committee and staff and changed slightly to increase comprehension and accuracy. It was completed by 383 residents of the eleven towns comprising the York Hospital and Choose To Be Healthy service area: Berwick, Eliot, Kennebunk, Kittery, Lebanon, North Berwick, Ogunquit, Sanford, South Berwick, Wells, York. An ad in the Weekly Sentinel newspaper ran for 4 weeks promoting the link to the survey. In addition, hard copy surveys were distributed to 27 community sites including food pantries, housing complexes, social service agencies, libraries, town halls, and York Hospital practices. The survey results in the following charts highlight top findings regarding health issues, contributing health behaviors, and factors for a healthy community for both 2015 and 2018.

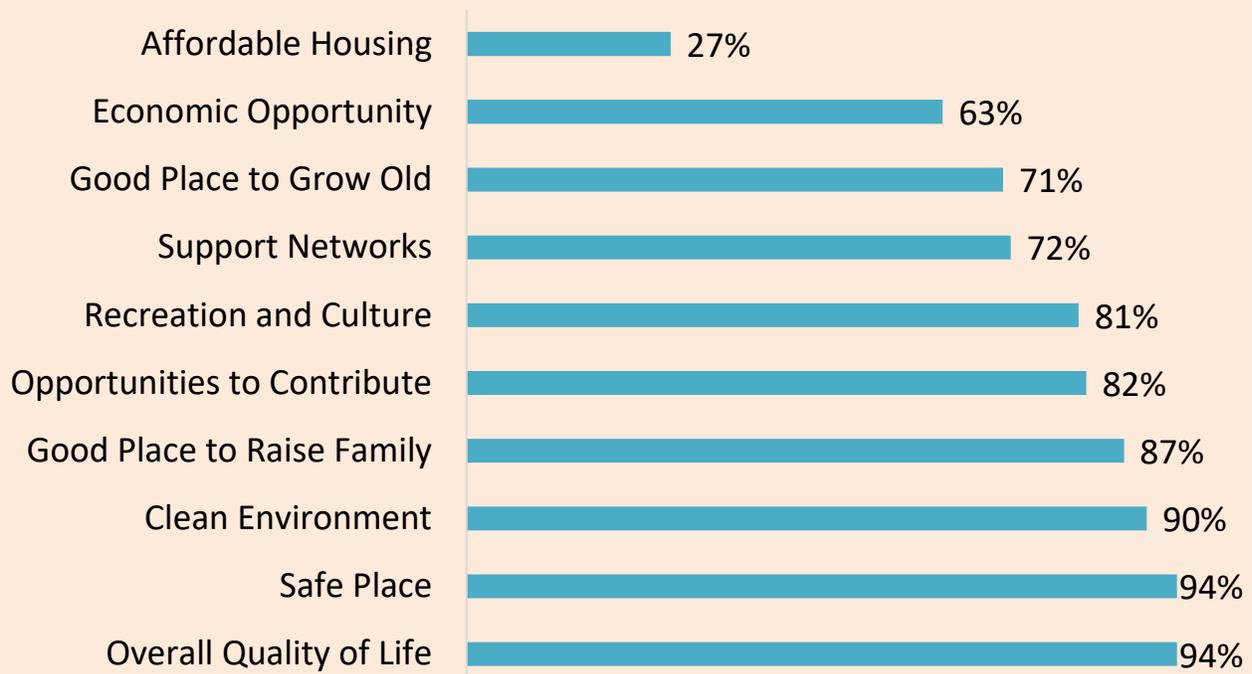
Survey Results, 2015 and 2018

Demographics:

| | 2015 | 2018 |
|---|------|------|
| Respondents | 383 | 383 |
| Male | 21% | 19% |
| Female | 79% | 81% |
| York Resident | 46% | 28% |
| Age 40-54 | 27% | 31% |
| Age 55-64 | 29% | 20% |
| Children under age 21 living at home | NA | 42% |
| Have elders dependent on them for care | NA | 12% |
| Employment Status Full time (25% retired) | NA | 50% |

| Access to Health Care | | |
|---|------------------|---------------|
| | 2015 | 2018 |
| Satisfied | 89% | 75% |
| Ever sought service you could not find in area? "Yes" | 29% | 34% |
| Top 3 sought services: | Cancer | Mental health |
| | Pediatrics | Surgery |
| | Dermatology/Pain | Pediatrics |

Ratings for 'Healthy Community' Assets



This list of respondents' ratings of the existing community assets that make a "healthy community" is virtually unchanged from 2015, EXCEPT:

- The perception that there are support networks decreased from 81% - 72%;
- The perception that there is affordable housing decreased from 38% - 27%.

The following is feedback from The York Hospital Patient Advisory Committee and the CTBH Advisory Board and Coalition on the survey and its results:

- Groups would like to look at open ended question responses.
- There was a suggestion next time "code" the hard copies of the survey so we know what town and what agency they came from.
- Sweetser has interns who need to work on projects, who could help with the process next time. Perhaps they could do 1 on 1 interviews.
- Concerns/what is missing: Lyme disease; Childcare access; Isolation and impact on mental health. Would like more info/questions on elder issues? Survey focused on that in 2015.
- Who are we NOT connecting with? Freecare/uninsured—Sweetser intern could also perhaps help with this.
- How can we share/how use data? Suggestion to mail to all our town managers.

Group Discussions

The following groups participated in analyzing data and discussions to help determine local health needs as well as capacity and assets to address them:

- Patient Advisory Committee
- CTBH Coalition Advisory Board
- CTBH Coalition
- Recovery Center Clients
- York Hospital Help Center Staff
- York Hospital Staff
- Youth Focus Group

CTBH Coalition Members and Advisory Board

Community members were asked to list assets and needs they see specific to mental health and substance use. The group included all sectors and some legislators.

Mental Health

Assets/Resources

- New state administration that honors stake holder collaboration
- YCSA
- Full-time social worker in York schools
- York Hospital
- Sweetser Mental Health services in schools and practices
- Senior Center supporting positive mental health of seniors
- Local York Hospital Psychiatry Associates
- Family services YCSA
- Schools

Needs

- Funding for mental health and substance abuse
- State Strategic Plan around children Mental Health, adult, in-patient, out-patient, corrections
- Education around what it is and what to look for
- Community support
- Safe places to go
- Full time social workers in all schools
- Mental health curriculum in schools
- Transportation for seniors
- Services for seniors in their homes
- Home health services so seniors can stay at home
- Supply/demand – more patients, less providers
- Mindfulness activities with youth
- National Association of Mental Illness, NAMI

- Mental health professionals – therapists, counselors, teachers, etc.
- Healthcare coverage – mental health treatment for uninsured/underinsured
- Parenting skills
- Resilience
- After school programs
- Community level funding for coalitions

Substance Use

Assets/Resources

- CTBH coalition
- Recovery Center
- Partners for Healthier Communities Coalititon
- YCSA
- School wellness counselors/social worker
- New YH treatment center with MAT
- Youth advocacy groups: TIDALWAVSE and Soberfriends
- Engaged communities

Needs

- More broad funding
- Access (grants)
- Better inter-agency inter-state departmental collaboration – get out of silos!
- Education on what's NEW
- Parent education on marijuana and vaping
- Need better ways to get patients into treatment
- Student assistance professionals in all schools
- Prescribing shortfalls
- Vaping and marijuana curriculum for K-12 schools



Population & Demographics

Demographic and socio-economic information shows how people in our service area live - for example income and education level, and housing and employment status. The chart below shows York Hospital's immediate service

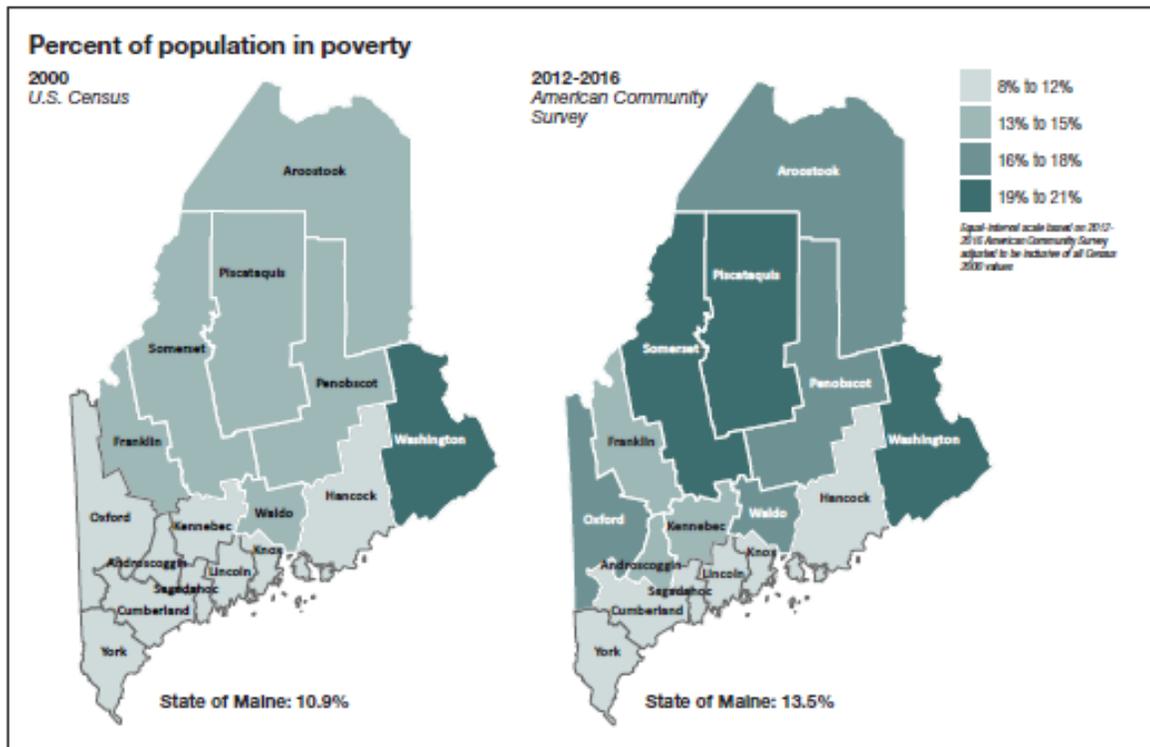
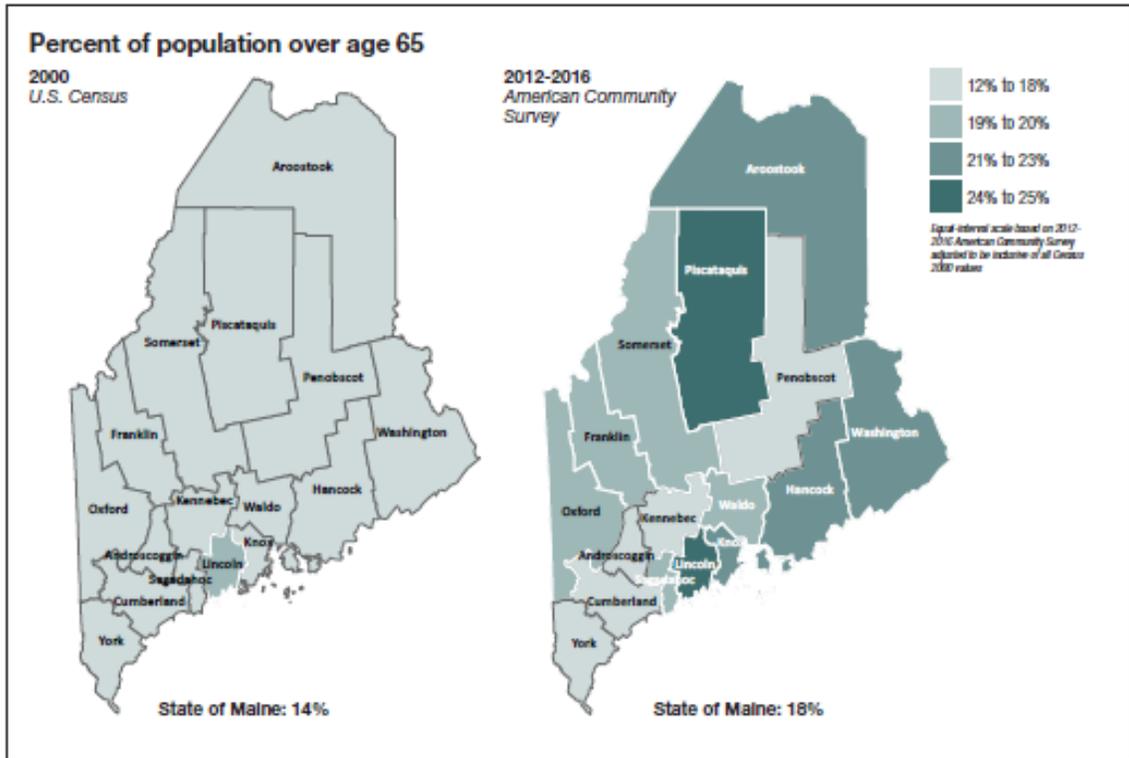
area of eleven towns with just under 100,000 people, not including those who come to York Hospital from New Hampshire and other Maine communities. The data is from the US Census, 2016/2017 estimates.

| Town | Population (2017 est.) |
|---------------|------------------------|
| Berwick | 7,538 |
| Eliot | 6,380 |
| Kennebunk | 11,223 |
| Kittery | 9,649 |
| Lebanon | 6,168 |
| North Berwick | 4,660 |
| Ogunquit | 1,181 |
| Sanford | 20,920 |
| South Berwick | 7,363 |
| Wells | 10,048 |
| York | 12,872 |
| Total | 98,002 |

| |
|------------------------------|
| YORK COUNTY POPULATION |
| 200,536 |
| STATE OF MAINE POPULATION |
| 1,329,923 |

| | YORK | MAINE |
|-------------------------------|----------|----------|
| Median household income | \$59,132 | \$50,826 |
| Unemployment rate | 3.4% | 3.8% |
| Individuals living in poverty | 9.4% | 13.5% |
| Children living in poverty | 10.5% | 17.2% |
| 65+ living alone | 43.6% | 45.3% |

| | YORK COUNTY | |
|--------------------------------|-------------|---------|
| | PERCENT | NUMBER |
| American Indian/Alaskan Native | 0.3% | 697 |
| Asian | 1.1% | 2,179 |
| Black/African American | 0.9% | 1,745 |
| Hispanic | 1.6% | 3,122 |
| Some other race | 0.1% | 267 |
| Two or more races | 1.5% | 2,972 |
| White | 96.1% | 192,652 |



Chart, table and maps from York County Community Health Profile, 2018

Social Determinants of Health

“We know that much of what influences our health happens outside of the doctor’s office – in our schools, workplaces, and neighborhoods...Having health insurance and quality health care are important to our health, but we need leadership and action beyond health care.” (Robert Wood Johnson Foundation: County Health Rankings & Roadmaps)

York County continues to be one of the healthiest parts of Maine. Yet we still struggle with social issues that are somewhat more hidden in our small towns. Our communities see affordable housing and food security as two priorities to improve to make their communities healthier. An aging population and more families living together due to economics and behavioral health issues are factors in some of our challenges.

| Social Determinants of Health | York County | Maine |
|---|-------------|----------|
| Veterans (2012-2016) | 11% | 10.7% |
| Persons with a disability (2012-2016) | 14.6% | 15.9% |
| Gay, lesbian bisexual (adults, 2011-2015) | 3.5% | 3.4% |
| Gay, lesbian bisexual (high school, 2017) | 10.7% | 10.8% |
| Children living in poverty (2012-2016) | 10.5% | 17.2% |
| Individuals living in poverty (2012-2016) | 9.4% | 13.5% |
| Median household income (2012-2016) | \$59,132 | \$50,826 |
| Unemployment rate (2012-2016) | 3.4% | 3.8% |
| Adverse childhood experiences (high school, 2017) | 22.6% | 23.4% |
| Estimated high school graduation rate (2017) | 89.0% | 86.9% |
| Associates degree or higher 25+ poverty (2012-2016) | 40.2% | 37.3% |
| Housing insecure (high school, 2017) | 3.3% | 3.6% |
| Food insecure (households) | 13.4% | 15.1% |
| 65+ living alone poverty (2012-2016) | 43.6% | 45.3% |
| Uninsured (2012-2016) | 8.7% | 9.5% |
| MaineCare enrollment (all ages) (2015-2017) | 19.4% | 25.4% |
| MaineCare enrollment (children 0-19) (2014-2016) | 32.8% | 41.2% |
| Primary care visit with in past year (2014-2016) | 72.2% | 71.8% |
| Cost barriers to health care (2014-2016) | 8.9% | 10.3% |



York County Health Profile, 2018

The following six health topics have been identified state wide priorities in Maine since 2016. They were considered or included in the 2016 and current 2018/2019 Maine Statewide CHNA, the York County District Public Health Improvement Plan, and the York Hospital CHNA 2018.

- Cancer
- Chronic disease
- Mental health
- Obesity and physical activity
- Nutrition
- Substance use, including tobacco

In addition, we included data on youth substance use and mental health as well as data related to elder health. The following graphs and tables show the most current data available for those priority areas and populations at the York County and statewide level. The complete data with detailed references, and statistical info including year and source of data is found in the York County Community Health Profile, 2018 at www.mainechna.org.

Leading Causes of Death

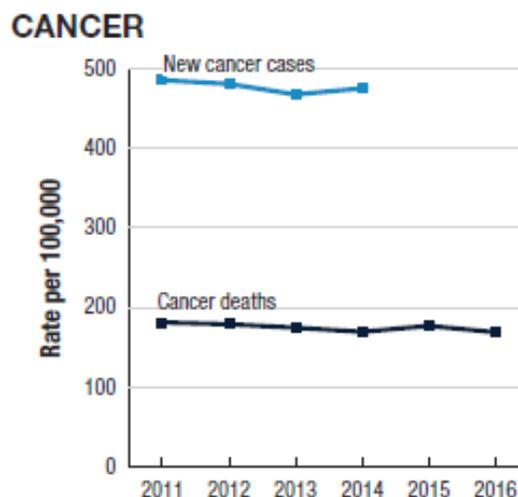
The following chart compares the leading causes of death for the state of Maine and York County.

| RANK | STATE OF MAINE | YORK COUNTY |
|------|------------------------------------|------------------------------------|
| 1 | Cancer | Cancer |
| 2 | Heart disease | Heart disease |
| 3 | Chronic lower respiratory diseases | Unintentional Injuries |
| 4 | Unintentional Injuries | Chronic lower respiratory diseases |
| 5 | Stroke | Stroke |

Cancer

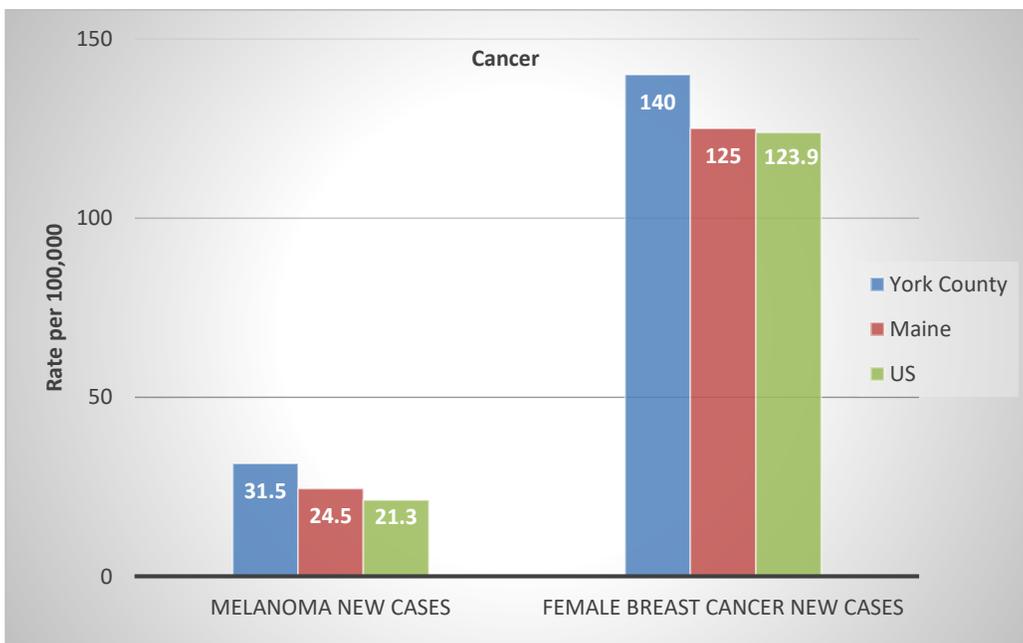
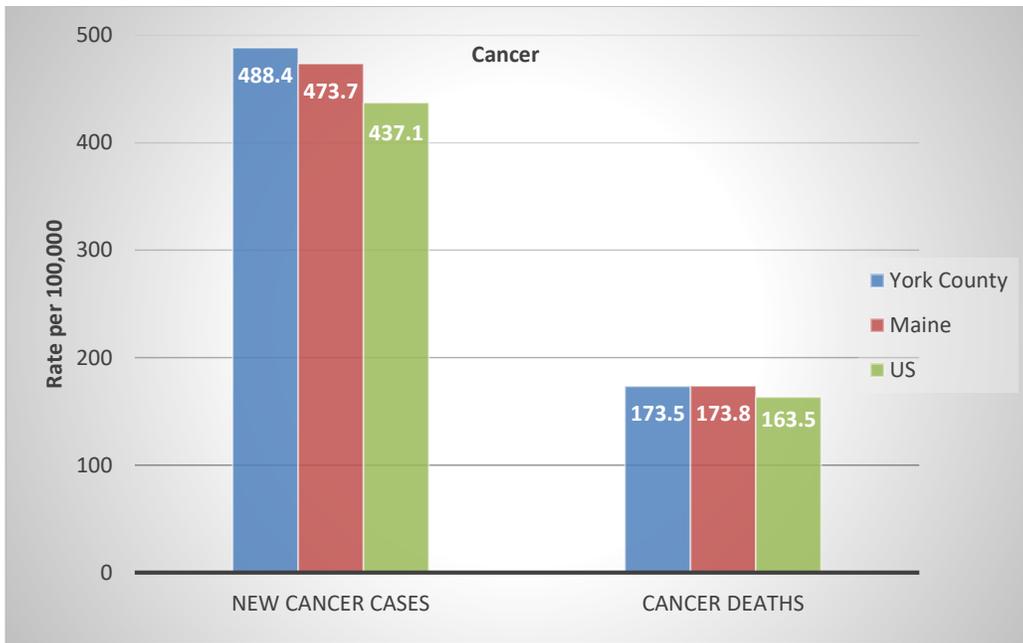
Cancer continues to be the leading cause of death in York County and in Maine. Also, the rate of cancer deaths in Maine and York County is significantly higher than the national rate of 163.5 per 100,000. Healthy behaviors such as avoiding heavy alcohol use, maintaining a healthy body weight and early detection remain our greatest tools to fight cancer. Early detection includes mammography for those at risk for breast cancer, pap smears for cervical cancer, colorectal screening and prostate and skin cancer exams.

Increasing awareness for screening and early detection has been part of local and state efforts in the past. However, education on the role that poor eating habits and heavy drinking

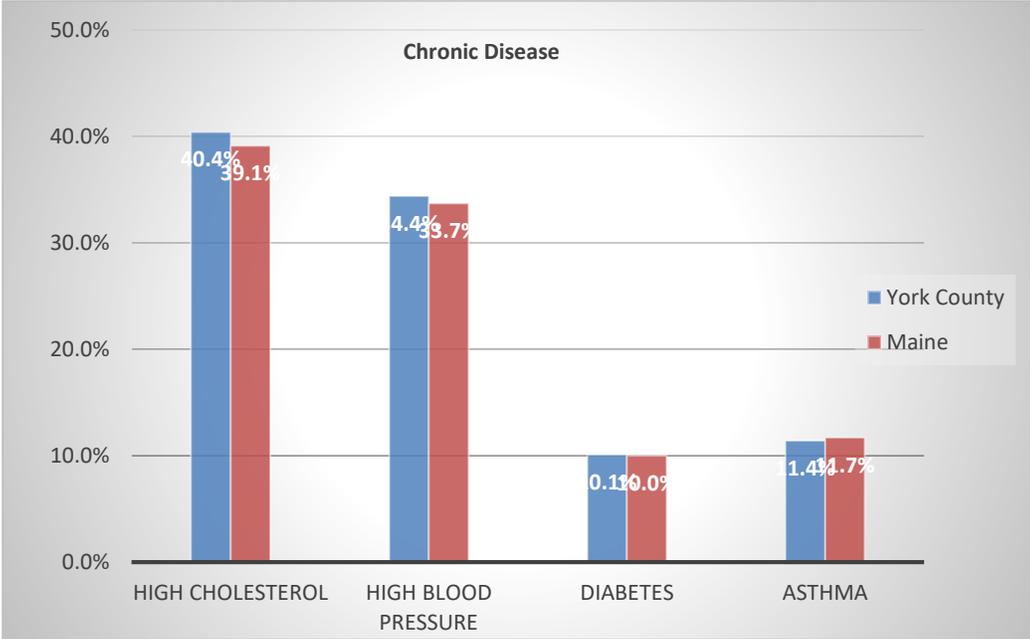


play as cancer risk factors is lacking. York County has significantly higher than national rates of several types of cancer including lung, bladder, breast, and tobacco related. And, York County has higher than the state rate of skin cancer.

| Cancer | York County | Maine |
|---|-------------|-------|
| All cancer deaths per 100,000 (2012-2016) | 173.5 | 173.8 |
| Lung cancer new cases, per 100,000 population, (2012 -2014) | 72.4 | 74.2 |
| Lung cancer deaths, per 100,000 population, (2012-2016) | 48.5 | 50.5 |
| Prostate cancer new cases, per 100,000 population, (2012-2014) | 78.1 | 87.1 |
| Prostate cancer deaths, per 100,000 population, (2012-2016) | 20.8 | 20.1 |
| Breast cancer new cases per 100,000 population, (2012-2014) | 140.0 | 125.0 |
| Breast cancer deaths, per 100,000 population, (2012-2016) | 20.2 | 18.4 |
| Breast cancer screening is up to date (2014,2016) | 83.0% | 81.9% |
| Melanoma skin cancer new cases per 100,000 (2012-2014) | 31.5 | 24.5 |
| Colorectal cancer new cases per 100,000 population, (2012-2014) | 20.4 | 19.9 |
| Colorectal cancer deaths per 100,000 population, (2012-2016) | 13.2 | 13.1 |
| Colorectal cancer screening up to date | 76.6% | 74.9% |
| Cervical cancer screening is up to date | 86.4% | 83.3% |



Chronic Disease



According to the Maine Cardiovascular Health and Diabetes Strategic Plan (2011-2020) “Chronic diseases are among the most common, costly, and preventable of health problems, and in Maine, they account for 28% of all spending for commercial insurance populations, 30% for Department of Health and Human Services’ MaineCare populations, and 63% of spending for Medicare.”

York County has statistically significant lower rates of heart attacks, strokes, and coronary heart disease deaths than Maine rates. However, high cholesterol and high blood are higher than the state. York Hospital has included optimizing heart failure home management in its 2018 Strategic Plan.

| Cardiovascular Disease | York County | Maine |
|--|-------------|-------|
| Heart attack hospitalizations per 10,000 population (2016) | 15.8 | 23.4 |
| Heart attack deaths per 100,000 population (2016) | 22.6 | 26.0 |
| Stroke hospitalizations per 10,000 population (2016) | 17.8 | 21.4 |
| Stroke deaths per 100,000 population (2012-2016) | 28.7 | 33.4 |
| Coronary Heart Disease deaths per 100,000 population (2012-2016) | 70.1 | 84.1 |
| High Blood Pressure | 34.4% | 33.7% |
| High Cholesterol | 40.4% | 39.1% |
| Cholesterol checked past 5 years (2013, 2015) | 83.1% | 81.0% |

Diabetes Health

On average, diabetes diagnosed in middle age reduces a person’s life expectancy by 10 years. An estimated 20,000 people in York County have diabetes. York County does have higher rates of diabetes education than the state. However, we also higher than state rates of pre diabetes. Type 2 diabetes can be prevented with lifestyle interventions such as maintaining a healthy weight. Effective treatment and self-management of the disease can reduce the onset of complications such as blindness and kidney failure.

| Diabetes | York County | Maine |
|--|-------------|-------|
| Adults diagnosed with diabetes (2014-2016) | 10.1% | 10% |
| Pre-diabetes prevalence (2014-2016) | 11.8% | 8% |
| Adults with diabetes who have received formal diabetes education | 64.1% | 59.2% |
| Diabetes Deaths per 100,000 | 20.2 | 22.0 |
| Diabetes hospitalizations (principal diagnosis) per 10,000 | 11.0 | 11.9 |

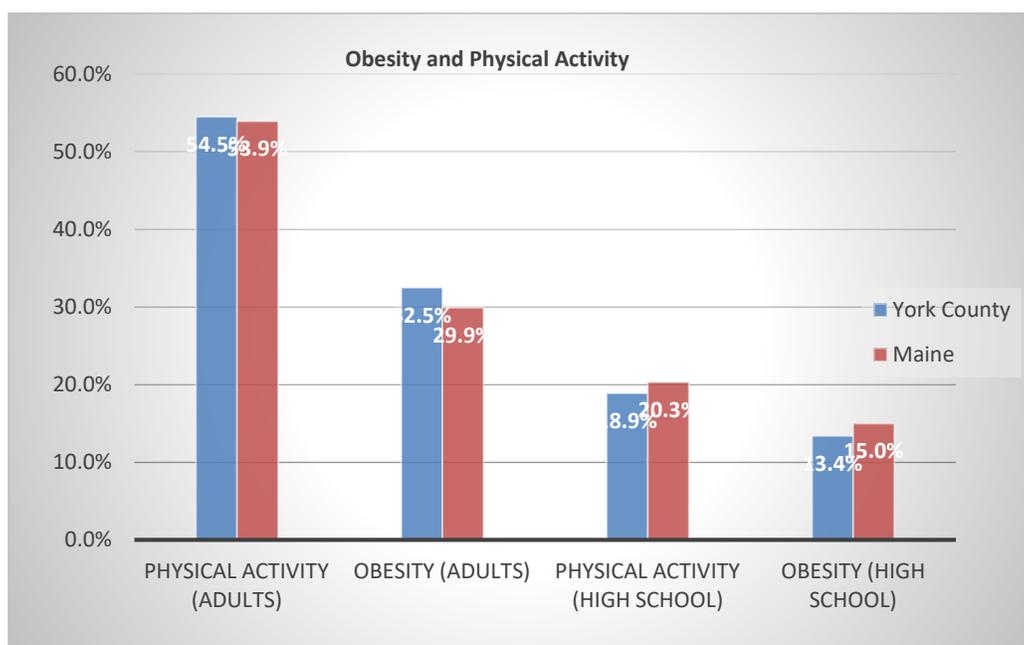
Respiratory Health

Tobacco use and lack of tobacco cessation services were chosen as priority concerns in the 2015 CHNA. While York Hospital worked to improve its policies around screening for tobacco use and providing state resources to quit, more can be done. Currently counselors at the Hospital Recovery Center are trained to provide cessation. Future efforts will include assessing local capacity to provide cessation services with Sweetser counselors.

| Respiratory | York County | Maine |
|--|-------------|-------|
| Current asthma (Adults 2016) | 11.4% | 11.7% |
| Chronic Obstructive Pulmonary Disease - COPD (Adults 2014-2016) | 7.2% | 7.8% |
| Chronic lower respiratory disease deaths per 100,000 (2012-2016) | 39.7 | 48.1 |
| Asthma emergency room visits per 10,000 population (2012-2014) | 53.7 | 57.6 |
| Pneumonia hospitalizations per 10,000 population (2016) | 16.0 | 22.4 |
| Smoked tobacco in the past 30 days (Adults, 2016) | 18.4% | 19.8% |
| Smoked tobacco in the past 30 days (High School, 2017) | 8.5% | 8.8% |

Physical Activity, Nutrition and Weight

In York County nearly 34% of adults are overweight and another 33% are obese. Though our youth have rates of overweight and obesity lower than the state's, our adult rates are higher. This may indicate that more education and prevention efforts are implemented in our schools than in our communities and workplaces. York Hospital has implemented several strategies to improve healthy eating through its Dining Services for staff, patients and community members as well as in the community with its participation in the York Table of Plenty.

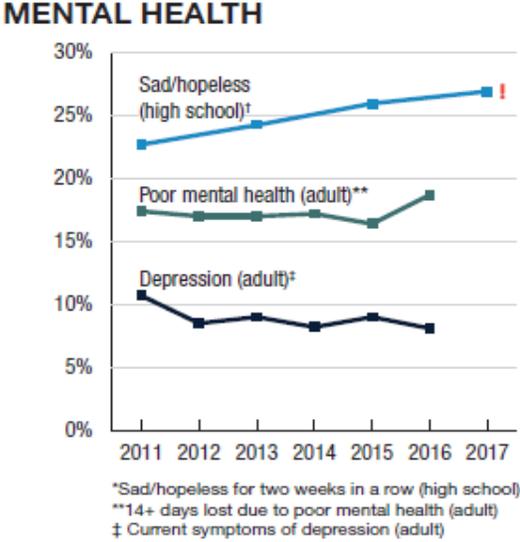


| Physical Activity and Weight | York | Maine |
|--|-------|-------|
| Obesity (Adults, 2016) | 32.5% | 29.9% |
| Overweight (Adults, 2016) | 33.5% | 35.3% |
| Obesity (High School, 2017) | 13.4% | 15% |
| Obesity (Middle School, 2017) | 14.6% | 15.3% |
| Met physical activity recommendations (Adults, 2015) | 54.5% | 53.9% |
| Sedentary lifestyle – no leisure time physical activity in past month (Adults, 2016) | 19.2% | 20.6% |
| Met physical activity recommendations (High School, 2017) | 18.9% | 20.3% |

Mental Health

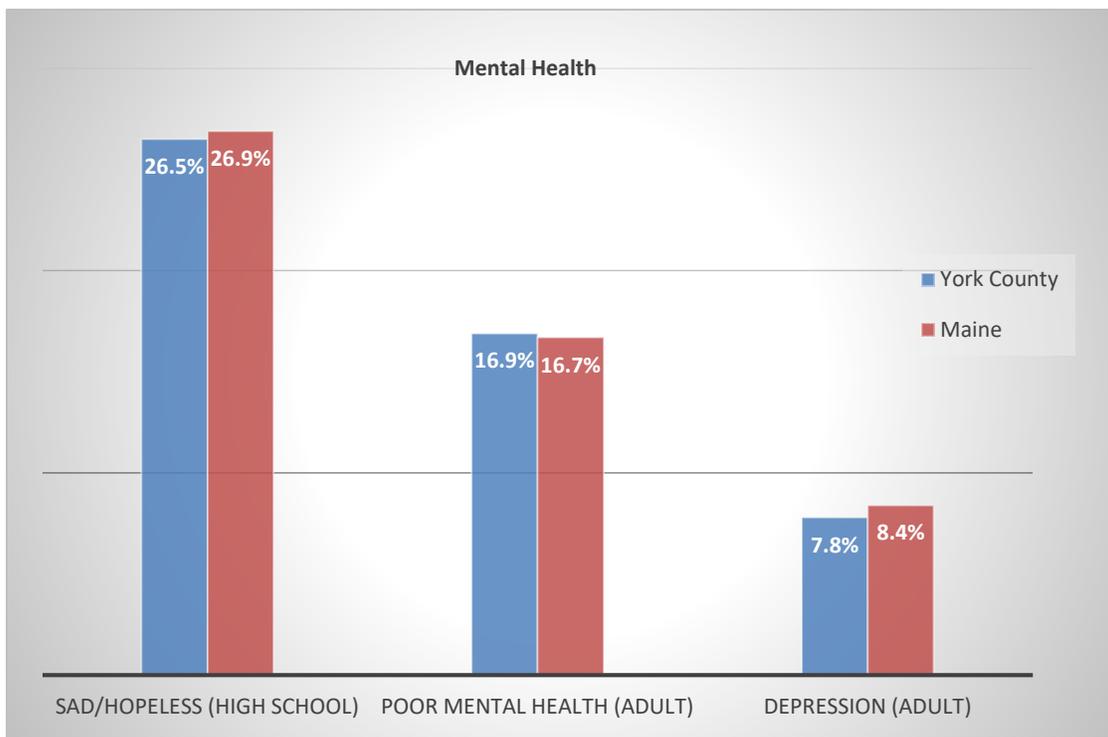
With national and local attention on mental health and its relationship to physical health, there is a growing recognition to improve mental health services and reduce associated stigma. There are efforts by York Hospital, Sweetser and CTBH to educate professionals and community members on the connection between mental health and substance misuse in particular. The chart on the right reflects the increase over the past 6 years of depression reported by our high school aged youth and adults reporting poor mental health. The York County youth rate of depression is significantly higher than the rest of Maine youth.

Area schools have made mental health a priority in the past several years getting their staff trained in Mental Health First Aid and learning about the effects of trauma on our youth. Three of our five school districts have Sweetser counselors on hand at least part time. Several of our schools have social workers on staff. In most of our local communities, youth depression has increased over the past several years and is higher than the state. Speakers and educational sessions for parents on mental health have been implemented in the past 3 years. The next Maine Integrated Youth Health Survey in February of 2019 will hopefully show an improvement in this area.



Access to mental health services is often a problem due to stigma. York Hospital offers mental health services within its primary care practices through a collaboration with Sweetser. The York Hospital Psychiatry Associates office has expanded to include more nurse practitioners who can prescribe medicine and a provider specializing in child psychiatry has recently been hired.

| Mental Health | York County | Maine |
|--|-------------|-------|
| Ratio of psychiatrists to 100,000 population, 2017 | 6.1 | 8.4 |
| Mental health emergency department rate per 10,000 (2013-2014) | 331. | 165.9 |
| Depression, current symptoms (2014-2016) | 7.8% | 8.4% |
| Anxiety, lifetime (2014-2016) | 19.3% | 20.7% |
| Currently receiving outpatient treatment (2014-2016) | 17.0% | 17.6% |

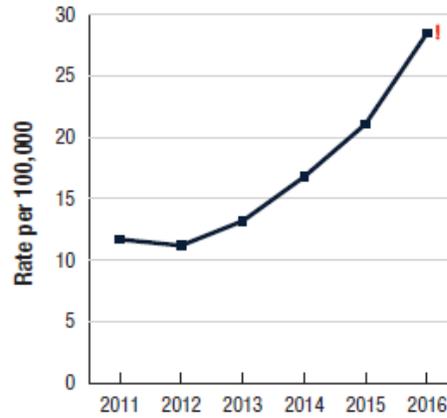


Substance Use, Adults

Maine had one of the largest increases in drug overdose deaths between 2015 and 2016 (U.S. CDC, 2016). In 2016, 376 Mainers died of drug overdoses, up from 272 in 2015, with the majority attributed to heroin and other opioids. York County had the second highest rate of drug/medication overdose responses among the nine public health districts in Maine. Unfortunately, Maine is among a handful of states that still does not allow the distribution of naloxone without a prescription, putting its opioid users at greater risk for overdose and death.

York County has the second highest rate of drug related arrests involving opioids. While crime overall in Maine has decreased by 9% in

Overdose deaths



| YEAR | NUMBER OF DEATHS |
|------|------------------|
| 2011 | 155 |
| 2012 | 146 |
| 2013 | 174 |
| 2014 | 216 |
| 2015 | 268 |
| 2016 | 351 |

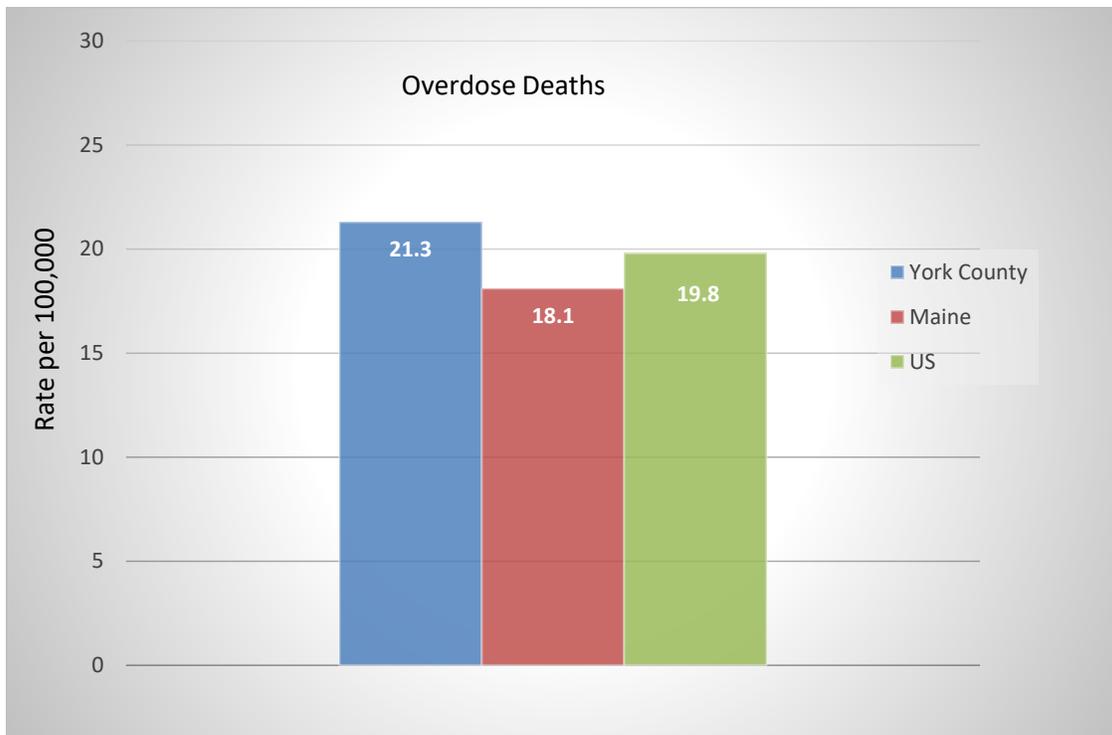
the past two years, *drug* related crime continues to increase especially in our area of York County (ME Public Safety, 2016).

| Public Health Impact of Opioid Abuse | Age Group, Location and Data Source | # |
|--|---|------|
| Drug or medication overdose EMS responses per 10,000 | York County, Maine EMS 2016 | 27.3 |
| ER admissions heroin/opiate overdose | All Ages, York Hospital, 2017 | 41 |
| Primary drug treatment admissions for heroin/opiates | York County, Maine Treatment Data, 2016 | 33% |
| Violent crime rate per 10,000 | York County, Maine Public Safety, 2015 | 15.2 |
| Drug related arrests per 10,000 | York County, Maine Public Safety, 2015 | 56.1 |

Our towns suffered at least 41 overdoses in the past year (York Hospital, 2017) up from 21 the year before as well as several overdose deaths among young people. In one small town, there were five overdoses in one week (Kittery Police Data, 2015).

| Substance Use, Misuse | York County | Maine |
|---|-------------|-------|
| Overdose deaths per 100,000 (2012-2016) | 21.3 | 18.1 |
| Emergency medical services overdose response per 10,000 (2016-2017) | 99.6 | 93.0 |
| Opiate poisoning (ED visits) per 10,000 population (2013-2014) | 9.3 | 3.6 |
| Substance use hospital admission rate per 10,000 (2016) | 8.1 | 18.1 |
| Narcotic doses dispensed per capita | 49.1 | 49.3 |
| Alcohol-induced deaths per 100,000 (2012-2016) | 7.8 | 9.7 |
| Chronic heavy drinking - past month, (2014-2016) | 8.1% | 7.6% |
| Alcohol-impaired driving deaths per 100,000 (2015-2016) | 7.8 | 9.7 |
| Binge drinking past month (2014-2016) | 17.7% | 16.9% |
| Drug-affected infants per 1000 births, (2017) | 40.7 | 77.9 |
| Drug-induced deaths per 100,000 population (2012-2016) | 22.1 | 18.9 |
| Past 30 day marijuana use (2013-2016) | 10.0% | 10.4% |
| Past 30 day misuse of prescription drugs (2013-2016) | 1.1% | 1.0% |
| Adults who needed and did not receive treatment for drug use (2015-2016) | - | 2.4% |
| Adults who needed and did not receive treatment for alcohol use (2015-2016) | 5.7% | 5.8% |

While drug affected infant reports were lower in York County than in Maine, they have doubled since 2010.



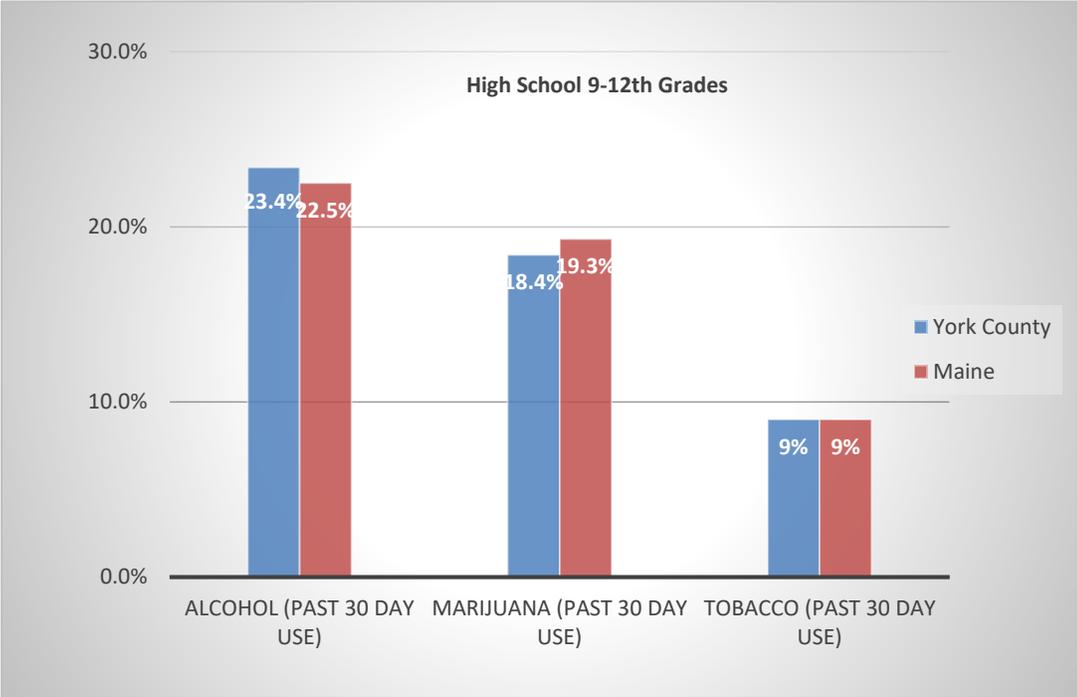
Substance Use and Mental Health, Youth York County

Opioid misuse can lead to overdose and cause death and therefore gets most of Maine communities' attention and concern. However, the drug most often used and abused by our youth and adults – is alcohol with marijuana second and tobacco third. Tobacco use appears to be on the rise, due in part to the popularity among youth and young people of tobacco use with vaporizers.

| Percentage of students in York County who: | 2009 | 2011 | 2013 | 2015 | 2017 | ME |
|--|------|------|------|------|------|-------|
| Tobacco Use | | | | | | |
| Smoked cigarettes in the past 30 days | 18% | 16% | 12% | 10% | 9% | 9% |
| Think obtaining cigarettes is easy or very easy | 72% | 68% | 61% | 57% | 53% | 54% |
| Think daily tobacco use is not harmful (1+ packs per day) | 11% | 10% | 9% | 9% | 12% | 12% |
| Learned about dangers of tobacco use during school year | NA | 43% | 45% | 45% | 42% | 41% |
| Alcohol Use | | | | | | |
| Had at least one drink of alcohol in lifetime | 64% | 61% | 54% | 51% | 47% | 48% |
| Had at least one drink of alcohol, past 30 days | 32% | 29% | 27% | 25% | 23% | 23% |
| Had 5 or more drinks of alcohol in a row, past 30 days | * | * | * | * | 32% | 35% |
| Think obtaining alcohol is easy or very easy | 71% | 69% | 66% | 64% | 63% | 61% |
| Think 5+ drinks in a row 2+times a week is not harmful | 24% | 20% | 18% | 17% | 18% | 18% |
| Marijuana Use | | | | | | |
| Used marijuana at least once in lifetime | 39% | 38% | NA | 36% | 31% | 33% |
| Used marijuana one or more times during the past 30 days | 24% | 24% | 23% | 21% | 18% | 19% |
| Think parents would <i>not</i> think their marijuana use is wrong | 15% | 15% | 15% | 17% | 19% | 19% |
| Think obtaining marijuana is easy or very easy | 61% | 61% | 57% | 56% | 51% | 52% |
| Think “regular” marijuana use is <i>not</i> harmful (1 or 2x week) | 40% | 45% | 52% | 60% | 65% | 65% |
| Use of Other Substances | | | | | | |
| Inhaled paints or sprays to get high, at least once in lifetime | 14% | 12% | 9% | 7% | 7% | 7% |
| Used Rx drug without Rx, at least once in lifetime | 20% | 16% | 15% | 13% | * | * |
| Used Rx pain medicine without Rx, at least once in lifetime | * | * | * | * | 10% | 10% |
| Used prescription drug w/ a doctor's Rx 1+ days past 30 days | 10% | 8% | 7% | 6% | 6% | 6% |
| Safety | | | | | | |
| Offered, given, sold illegal drugs on school property, 12 mos | 23% | 26% | 23% | 21% | 19% | 20% |
| Bullied on school property, past 12 months | 24% | 27% | 27% | 23% | 21% | 22% |
| Rode in car driven by someone had been drinking, 30 days | 19% | 17% | 15% | 14% | 15% | 14% |
| Rode in car driven by someone using illegal drugs, 30 days | 26% | 24% | 21% | 17% | 17% | 16% |
| Depression and Suicide | | | | | | |
| Felt sad/ hopeless every day for 2 weeks or more, 12 months | 23% | 24% | 25% | 25% | 27% | 27% |
| Seriously considered attempting suicide, 12 months | 14% | 14% | 16% | 15% | 14% | 15% |
| 12-17 yrs with depression receive treatment (2011-2015) | - | - | - | - | - | 52.8% |
| Children with mental disorders who receive treatment,2016 | - | - | - | - | - | 49.4% |

While prescription drug misuse among high school youth has gone down since 2010, our high school aged youth still have rates of past 30-day use significantly higher than the state, 6% compared to 4.8% in Maine (CTBH Schools MIYHS, 2017). Research tells us that adolescent drug misuse of any kind, poor mental health and childhood trauma put our youth at greater risk for future drug abuse and addiction.

York County has four coalitions (as of December 2018) funded through state and federal grants to prevent youth and young adult substance use, misuse and addiction. Choose to Be Healthy is the coalition that serves the York Hospital catchment area. This grant funding allows for some community based programming to address youth substance use with environmental strategies. However, state funding has been very limited and federal funding is very competitive and limited to 5 years. As of the 2018 state elections, there has been local and statewide discussions on the need to strengthen Maine’s public health and prevention infrastructure.



Youth Health

| York County Youth Health Profile, 2018 | York | Maine |
|--|-------|-------|
| Regular physical activity, 60 mins. 5 of last 7 days (9-12 grades) | 43% | 43% |
| At least one day of physical education at school (9-12 grades) | 38% | 39% |
| Consume fruits/vegs 5 or more times/day (9-12 grades) | 17% | 16% |
| Drank sugar sweetened beverage, in past week (9-12 grades) | 19% | 21% |
| Rarely or never use a seat belt, of those who drive (9-12 grades) | 3.8% | 4.8% |
| 1+ in vehicle driven by someone drinking alcohol, past 30 days (9-12 grades) | 15% | 14% |
| 1+ times drove vehicle when drinking alcohol, past 30 days (9-12 grades) | 4.7% | 4.2% |
| Teen birth rate per 1,000 female population (15-19 years) | 10 | 14.5 |
| Current asthma ages 0-17, 2014-2016 | 8.6% | 9.0% |
| Overweight (9-12 grades) | 17.4% | 17.5% |
| Obese (9-12 grades) | 13.4% | 15.0% |

Elder Health

In York County, approximately 37,000 people or 19% of our population is over 65 years of age. Since the last CHNA in 2015, York Hospital collaborated with local social services to address elder needs with a “Neighborhood Network.” This year, a new geriatric program will include house calls, programs to improve mobility and more meal delivery.

York County also has a higher than state rate of injury due to unintentional falls. While the data does not explain why, we are looking at those unintentional injuries that may be due to age related health issues. Massachusetts General Hospital conducted a needs assessment on elder services which has led to a proposed new service line for those over 65 including a program to improve stability and decrease falls.

| Elder Health | York County | Maine |
|--|-------------|-------|
| Cognitive decline (2016) | 10.0% | 10.3% |
| Caregiving at least 20 hours per week (2015) | 5.3% | 4.4% |
| Arthritis (2014-2016) | 32.1% | 32.0% |
| Living alone, over 65 years | 43.6% | 45.3% |
| Living in poverty, over 65 years | 7.2% | 8.8% |
| Veteran’s status | 23.4% | 23.0% |
| With any disability | 33.6% | 34.0% |

Appendices

Southern York County Demographics by Town
Maine Shared CHNA Summary, 2018 (selected results); York County
Notes from York County Community Forum, 9/2018
Notes from Youth Focus Group, 11/2018

York Hospital Service Area: Demographics

(data from the American Community Survey, 2013-2017

<https://factfinder.census.gov/>)

| North Berwick | 03906 |
|-------------------------------------|--------------|
| Total Population | 4,660 |
| Median Annual Household Income | \$75,669 |
| % Not Attaining HS Diploma >25 | 7.5% |
| % Population HS Graduate >25 | 92.5% |
| % Population Bachelor's Degree+ | 22.4% |
| % Population Under 19 Years | 22.6% |
| % Population Between 20-44 | 27.5% |
| % Population Between 45-64 | 30.5% |
| % Population 65+ | 19.2% |
| % 65+ and Living Alone | 8.3% |
| % of Families Living in Poverty | 1.4% |
| % Uninsured | 7.0% |
| % of 65+ Living Below Poverty Level | 5.0% |

| Kennebunk | 04043 |
|-------------------------------------|--------------|
| Total Population | 11,223 |
| Median Annual Household Income | \$73,105 |
| % Not Attaining HS Diploma >25 | 2.7% |
| % Population HS Graduate >25 | 97.3% |
| % Population Bachelor's Degree+ | 48.0% |
| % Population Under 19 Years | 19.1% |
| % Population Between 20-44 | 21.3% |
| % Population Between 45-64 | 31.6% |
| % Population 65+ | 28.1% |
| % 65+ and Living Alone | 19.8% |
| % of Families Living in Poverty | 2.6% |
| % Uninsured | 3.5% |
| % of 65+ Living Below Poverty Level | 2.2% |

| Lebanon | 04027 |
|-------------------------------------|--------------|
| Total Population | 6,168 |
| Median Annual Household Income | \$65,750 |
| % Not Attaining HS Diploma >25 | 18.1% |
| % Population HS Graduate >25 | 81.8% |
| % Population Bachelor's Degree+ | 13.3% |
| % Population Under 19 Years | 24.9% |
| % Population Between 20-44 | 29.8% |
| % Population Between 45-64 | 28.4% |
| % Population 65+ | 16.9% |
| % 65+ and Living Alone | 11.8% |
| % of Families Living in Poverty | 3.6% |
| % Uninsured | 13.9% |
| % of 65+ Living Below Poverty Level | 8.7% |

| Ogunquit | 03907 |
|-------------------------------------|--------------|
| Total Population | 1,181 |
| Median Annual Household Income | \$70,500 |
| % Not Attaining HS Diploma >25 | 1.1% |
| % Population HS Graduate >25 | 98.9% |
| % Population Bachelor's Degree+ | 58.1% |
| % Population Under 19 Years | 8.9% |
| % Population Between 20-44 | 16.6% |
| % Population Between 45-64 | 34.3% |
| % Population 65+ | 40.2% |
| % 65+ and Living Alone | 23.7% |
| % of Families Living in Poverty | 2.7% |
| % Uninsured | 3.2% |
| % of 65+ Living Below Poverty Level | 2.3% |

| Sanford | 04073 |
|---------------------------------|--------------|
| Total Population | 20,920 |
| Median Annual Household Income | \$45,563 |
| % Not Attaining HS Diploma >25 | 10.3% |
| % Population HS Graduate >25 | 89.7% |
| % Population Bachelor's Degree+ | 18.4% |
| % Population Under 19 Years | 24.6% |
| % Population Between 20-44 | 30.3% |
| % Population Between 45-64 | 28.0% |
| % Population 65+ | 17.2% |
| % 65+ and Living Alone | 12.6% |
| % of Families Living in Poverty | 13.8% |
| % Uninsured | 8.0% |
| % 65+ Living Below Poverty | 14.6% |

| Wells | |
|-------------------------------------|----------|
| Total Population | 10,048 |
| Median Annual Household Income | \$65,230 |
| % Not Attaining HS Diploma >25 | 3.7% |
| % Population HS Graduate>25 | 96.3% |
| % Population Bachelor's Degree+ | 40.0% |
| % Population Under 19 Years | 16.4% |
| % Population Between 20-44 | 22.6% |
| % Population Between 45-64 | 33.7% |
| % Population 65+ | 27.2% |
| % 65+ and Living Alone | 14.5% |
| % of Families Living in Poverty | 1.2% |
| % Uninsured | 6.8% |
| % of 65+ Living Below Poverty Level | 1.1% |

| Berwick | 03901 |
|-------------------------------------|--------------|
| Total Population | 7,538 |
| Median Annual Household Income | \$72,731 |
| % Not Attaining HS Diploma >25 | 9.7% |
| % Population HS Graduate >25 | 90.3% |
| % Population Bachelor's Degree+ | 29.7% |
| % Population Under 19 Years | 23.6% |
| % Population Between 20-44 | 31.4% |
| % Population Between 45-64 | 30.5% |
| % Population 65+ | 14.3% |
| % 65+ and Living Alone | 11.7% |
| % of Families Living in Poverty | 4.1% |
| % Uninsured | 5.2% |
| % of 65+ Living Below Poverty Level | 1.7% |

| South Berwick | |
|---------------------------------|----------|
| Total Population | 7,363 |
| Median Annual Household | \$88,438 |
| % Not Attaining HS Diploma >25 | 5.3% |
| % Population HS Graduate>25 | 94.7% |
| % Population Bachelor's Degree+ | 46.6 |
| % Population Under 19 Years | 26.2% |
| % Population Between 20-44 | 29.2% |
| % Population Between 45-64 | 32% |
| % Population 65+ | 12.5% |
| % 65+ and Living Alone | 7.7% |
| % of Families Living in Poverty | 3.2% |
| % Uninsured | 2.8% |
| % of 65+ Living Below Poverty | 6.4% |

| Eliot | 03903 |
|-------------------------------------|--------------|
| Total Population | 6,380 |
| Median Annual Household Income | \$82,587 |
| % Not Attaining HS Diploma >25 | 3.5% |
| % Population HS Graduate>25 | 96.5% |
| % Population Bachelor's Degree+ | 34.2% |
| % Population Under 19 Years | 22.6% |
| % Population Between 20-44 | 23.9% |
| % Population Between 45-64 | 35.7% |
| % Population 65+ | 17.8% |
| % 65+ and Living Alone | 14.0% |
| % of Families Living in Poverty | 2.7% |
| % Uninsured | 8.9% |
| % of 65+ Living Below Poverty Level | 4.5% |

| York | 03909 |
|-------------------------------------|--------------|
| Total Population | 12,872 |
| Median Annual Household Income | \$83,072 |
| % Not Attaining HS Diploma >25 | 2.7% |
| % Population HS Graduate>25 | 97.3% |
| % Population Bachelor's Degree+ | 47.9% |
| % Population Under 19 Years | 20.4% |
| % Population Between 20-44 | 23.8% |
| % Population Between 45-64 | 35.9% |
| % Population 65+ | 20.0% |
| % 65+ and Living Alone | 12.2% |
| % of Families Living in Poverty | 4.8% |
| % Uninsured | 7.8% |
| % of 65+ Living Below Poverty Level | 7.2% |

| Kittery | 03904 |
|-------------------------------------|--------------|
| Total Population | 9,649 |
| Median Annual Household Income | \$73,287 |
| % Not Attaining HS Diploma >25 | 3.7% |
| % Population HS Graduate>25 | 96.3% |
| % Population Bachelor's Degree+ | 43.9% |
| % Population Under 19 Years | 18.3% |
| % Population Between 20-44 | 30.3% |
| % Population Between 45-64 | 29.0% |
| % Population 65+ | 22.5% |
| % 65+ and Living Alone | 11.8% |
| % of Families Living in Poverty | 0.9% |
| % Uninsured | 8.0% |
| % of 65+ Living Below Poverty Level | 1.8% |

York County Health Priorities, from York County Health Profile, 2018

(see report at www.mainechna.org for details on data and sources)

The following table is data representing the current health priorities as chosen by both York County and York Hospital and its partners (Mental Health, Substance Misuse, Social Determinants of Health). It also includes data reflecting measures of Healthy Aging and Food Insecurity and areas of concern for York County due to higher than state rates (cancers, unintentional falls and chronic disease). For the complete York County Public Health Profile, visit www.mainechna.org or <http://ctbh.org/public-health-in-york-county-and-maine/>.

| Health Priority | Health Indicator | York | Maine | US |
|--------------------|--|------------------|-------|-------|
| Cancer | Cancer cases (new) per 100,000 | 488.4 | 473.7 | 437.1 |
| | Cancer deaths per 100,000 | 173.5 | 173.8 | 163.5 |
| | Melanoma cases (new) per 100,000 | 31.5 | 24.5 | 21.3 |
| | Breast cancer cases (female, new) per 100,000 | 140 | 125 | 123.9 |
| | Lung cancer new cases per 100,000 | 72.4 | 74.2 | 58.6 |
| | Chronic Disease | High cholesterol | 40.4% | 39.1% |
| | High blood pressure | 34.4% | 33.7% | 30.9 |
| | Diabetes | 10.1% | 10.0% | 10.5 |
| | Pre diabetes | 11.8% | 8.0% | 7.5% |
| | Asthma | 11.4% | 11.7% | 9.3% |
| Tobacco Use | Smoking cigarettes (adults) | 18.4% | 19.8% | 17% |
| | Smoking cigarettes (high school) | 8.5% | 8.8% | 8.8% |
| Obesity | Obesity (adults) | 32.5% | 29.9% | 29.6% |
| | Obesity (high school) | 13.4% | 15.0% | 14.8% |
| Physical Activity | Physical activity (adults) | 54.5% | 53.9% | |
| | Physical activity (high school) | 18.9% | 20.3% | 26% |
| | Sedentary lifestyle (no physical activity, past) | 19.2% | 20.6% | 23.2% |
| Health Priority | Health Indicator | York | Maine | US |
| Nutrition | Fruits (adults) | 33.8% | 36.2% | |
| | Vegetables (adults) | 18.4% | 18.3% | |
| | Fruits and vegetables (high school) | 16.5% | 15.6% | |
| | Food insecurity (households) | 13.4% | 15.1% | |

| Health Priority | Health Indicator | York | Maine | US |
|-----------------------|--|----------|----------|----------|
| Mental Health | Sad and hopeless (high school) | 26.5% | 26.9% | 31.5 |
| | Seriously considered suicide (high school) | 14% | 14.7% | 17.2 |
| | Poor mental health (adult) | 16.9% | 16.7% | |
| | Depression (adult) | 7.8% | 8.4% | 8.1% |
| | Suicide deaths (per 100,000) | 16.7 | 15.9 | 13.5 |
| | Currently receiving outpatient mental health | 17.0% | 17.6% | 7.1% |
| | Mental health emergency department rate | 331.5 | 165.9 | |
| | | | | |
| Substance | Chronic heavy drinking (adults) | 8.1% | 7.6% | 5.9% |
| | RX misuse (current, high school) | 6.1% | 5.9% | |
| | Alcohol (current, high school) | 23.4% | 22.5% | 29.8% |
| | Marijuana (current, high school) | 18.4% | 19.3% | 19.8% |
| | Overdose deaths (per 100,000) | 21.3 | 18.1 | 19.8 |
| | | | | |
| Access to Care | Uninsured | 8.7% | 9.5% | 8.6% |
| | Mainecare enrollment (all ages) | 19.4% | 25.4% | |
| | Mainecare enrollment (children 0-19) | 32.8% | 41.2% | |
| | Ratio of primary care physicians to 100,000 | 62.4 | 67.3 | |
| | Ratio of psychiatrists to 100,000 | 6.1 | 8.4 | |
| | Ambulatory care sensitive condition | 62.1 | 74.6 | |
| | Two year olds up to date with recommended | 64% | 73.7 | |
| | Cost barriers to healthcare | 8.9% | 10.3% | 12.0% |
| | | | | |
| Social | Children living in poverty | 10.5% | 17.2% | 21.1% |
| | Individuals living in poverty | 9.4% | 13.5% | 14.0% |
| | Median household income | \$59,132 | \$50,826 | \$57,617 |
| | No vehicle for household | 2.0% | 2.4% | 4.3% |
| | Living in rural area | 56.8% | 61.3% | 19.3% |
| | Unemployment | 3.4% | 3.8% | 4.4% |
| | High school graduation rate | 89.0% | 86.9% | 84% |
| | Housing insecure (high school) | 3.3% | 3.6% | |

| Health Priority | Health Indicator | York | Maine | US |
|----------------------|---|-------|-------|-------|
| | 65+ living alone | 43.6% | 45.3% | 43.2% |
| Unintentional | Fall-related deaths (unintentional), 100,000 | 11.8 | 9.6 | 9.1 |
| Injuries | Injury deaths per 100,000 | 71.4 | 67.9 | 69.0 |
| | Poisoning deaths (unintentional/undetermined) | 19.9 | 17.6 | 19.4 |
| | Traumatic brain injury emergency | 77.9 | 85.1 | - |

York County Community Forum Notes, 9/2018

The following notes were transcribed from flipcharts where 60+ participants wrote down assets and needs under each of the topics they had chosen (Access to Care, Mental Health, Substance Abuse, Social Determinants and Other). Many staff of York Hospital and members of the CTBH Advisory Board participated in this exercise which served as the YH CHNA 2018 Committee. This data will be used in the county and state CHNAs in 2019 and was reviewed for the YH CHNA, 2018.

Access to Care

Assets/Resources

- Transportation - Elder ride services
- Hospital-based prescription assistance programs for access to unaffordable meds
- Care Partners, health care navigators
- 211 gives resources available
- Free care programs through hospitals
- York navigation
- FQHC's
- Care partners
- Health centers
- Programs are available

Needs

- Mainecare expansion to be fully implemented
- More affordable insurance options
- Health centers (that take uninsured)
- Elder rides in rural areas for more access
- Close the Medicaid gap! (New administration)
- Vouchers? For healthcare
- Resources for those in the gap
- Awareness by residents and organizations of available social service resources
- Applications for benefits – knowledge and help. Solve with centralized benefit enrollment (for all benefits at same time, not different organizations for different ones).
- Affordable health care, affordable options other than ER/EMS
- More mental health services
- Patient advocacy and navigation
- Education: no internet, no info, dated resources, no dissemination, literacy
- Lack of knowledge
- Education – lack of dissemination

Mental Health

Assets/Resources

- Sweetser (x2)
- Mental Health First Aid Training
- Peer Recovery Centers
- Social workers, guidance counselors
- Prescription assistance (x2)
- Superintendent – organize discussion, groups/stakeholders
- LADC positions – MS/HS
- Local housing author. re: senior housing
- Mental health counselors available at OBGYNs
- Mental Health MBH interns
- Nasson Health Care
- NAME Maine families
- YCSOs (substance use)
- EAP employee programs
- Mainecare
- Peer to Peer services in Biddeford, free groups, social place to congregate
- Boys and Girls Club, YMCA
- Big Brothers, Sisters
- For community connections, engagement, referrals, education – Sanford Adult
- Behavioral healthcare system
- Anti bullying prevention programs
- Dept. of Mental Health
- Visiting Nurse Assoc.

Needs

- Determination (?) of senior citizens living alone who are of risk of cognitive deficiencies – (meds, basic necessities)
- Inpatient mental health unit – 12 bed
- Workplace mental health resources
- Long wait list for services (x2)
- Gap – Medicare increase in in-pt beds
- More care management
- Housing for single seniors of modest to low income
- Training for case managers
- Training for law enforcement probation officers
- More psychiatrists or doctors who can prescribe for mental health
- Screening at primary care level
- Child trauma and ACES community services
- Education on help seeking
- More support in the schools and home
- Need more ways to get connected with others to prevent isolation
- More mental health trainers/training
- Lack of social workers in schools, mental health professionals (x5)
- Funding
- Medication management
- Discharge resources – location, outpatient support, residential treatment
- More program around youth MH
- Community level mental health programming

Substance Use

Assets/Resources

- Grant funding
- Narcan education, some treatment
- 211 in opioid hotline
- MBH/IOP Cottage program – YH
- Tobacco help line
- Grace street recovery services
- Organizations (healthcare) and community working together to address (i.e. rotary clubs)
- Your local community health coalition
- Maine family parenting support
- Liaison w/ OCYF
- State and fed funding – marijuana
- York Hospital Community Health, Maine Health, Sheriff's office
- Public access TV
- Social media
- MAT program
- Kennebunk PD, Chief McKenzie
- Education/recovery coach model

Needs

- More treatment
- Funding for access to treatment
- Affordable treatment options
- Transportation to appts
- Housing
- Evidence-based curriculum in schools
- Lack of info regarding vaping (public knowledge)
- More narcan in community (x2)
- Substance disorder treatment for the uninsured (x2)
- IMDT treatment option
- More access to facilities for substance use
- More education (x2)
- Adult education
- Community awareness
- Support after in-patient care or incarceration
- Support for children and family members of affected parent
- Community resource programs
- Educational opp.
- Community support
- Prenatal SUD education
- More treatment beds
- More funding to address adult population re: marijuana
- SUD access and knowledge – parenting education when going home with DAB

Social Determinants of Health

Assets/Resources

- Cancer clinics
- Housing sector 8 (x2)
- Shelter – Alfred limited
- Affordable housing, housing coalitions
- Town planning boards
- TANF funds for cars
- Obesity – 5-3-2-1 program in schools encourage active lifestyles and less screen time
- Use public access TV to educate general public and create a series “To your health...”
- Certain GA’S
- Bidd-Saco-OOB shuttle bus
- YCC AC transportation (x2)
- More programs to reach rural areas
- YC Comm. Action
- Education – info sessions, community boards, food pantry site
- Housing – YCSP – options for affordable places/vouchers

Needs

- Higher wages to be able to pay for rent
- Options for rural areas
- Safe housing
- A stronger network of affordable public transportation in rural areas
- Cancer deaths prevention – better education regarding diet, exercise, earlier screening, more research funding
- Housing - family needs costs – access to system
- Housing for low-income individuals for homelessness
- Services to allow people to age safely at home for senior health
- Financial guidelines
- More affordable housing available
- Transportation – more access in rural areas – provided by vols (?) towns, etc.
- Innovative ideas that solve problems in a shorter time span = community involvement
- Wider (free) access to environmental testing (well water, lead, etc.)
- No transport for non-MC clients

Other

Assets/ Resources

- Let's Go 5210 available (x4)
- Cancer – SMHC and York Hospital
- SMHC bariatric surgery
- York Hospital nutritional counseling
- Diabetes – hospital system
- Snap Ed/ Head Start (x3)
- United Way
- WIC (x2)
- Wt loss programs
- Education in schools
- Cooperative extension
- Expanded food and nutrition education program (EFNEP)
- Gym membership scholarship
- Cooking Matters
- Cancer – free screenings
- K-12 health nutrition schools
- Affordable housing authorities and agencies
- Senior volunteer programs
- Senior centers
- Youth nutrition education
- Cancer care centers
- Cancer prevention – Maine CDC
- Oral health asset – Nasson Health Care

Needs

- Oral health – need free care
- Cancer – comm. awareness of causes
- Free exercise/nutrition classes
- More education about foods that are healthy/exercise
- Health optimization, education
- Oral health gap – need low cost, free dental care throughout the lifespan
- Nutrition education
- Education - more ways to use SNAP, WIC benefits to purchase health items
- Diabetes/obesity – awareness to parents to complete free and reduced lunch forms – can impact eligibility
- Gap – need for increased HPV vaccine and HPV oral cancer incidence
- More closed mills converted to affordable housing
- Adult pre-diabetes education
- Obesity support groups
- Fruit and vegetable access
- Safe trails and bike routes
- Healthcare access
- Educational opportunities
- Need access to senior fitness (P.A.)
- Cancer need – more support for changing lifestyle, prevention
- Senior housing improvements – ramp installation, etc.
- Physical activity – workplace, wellness programming
- YC transportation – buses, vouchers
- Marijuana use while driving
- Education for healthy lifestyle for older adults – strengthening, balance, maintain healthy wt
- Lack of access to health food

Youth Group Discussion Notes, 11/2018

The following notes are from a youth discussion of needs and assets around the topics of mental health and substance use. The group was comprised of seven youth from the York High school TIDALWAVSE group who do not reflect a random or diverse sample of youth from our area but who do have expertise in the topics. It is our hope that we will hold similar discussions with youth and young adults from our other communities.



Substance Abuse

Needs:

- Full-time Student Assistance Counselor in Schools
- Social Media shift away from substance promotion
- Regular/increased consequences for students violating school policies and code of ethics
- Young People in Recovery Branch in York County
- Publication of support meetings in multiple places for those struggling
- School Code of Ethics/Conduct and Policies revamped to include better intervention/accountability
- More education about substances
- A confidential place students where can share names of those they are concerned about
- Training for teachers about what substances/vapes look like
- Teen Center or YMCA in our area

Assets:

- TIDALWAVSE, Soberfriends, and other student advocacy groups
- Integrity policies for sports
- Full-time social worker in our local schools
- Bathroom flier program
- Recovery Center at York Hospital
- Choose to be Healthy Coalition
- AA Meetings

Mental Health

Needs:

- Suicide Prevention Group
- Teachers need to take mental health issues more seriously
- More communication and training for students
- Lack of active/outdoor activities
- Less stigma/more compassion
- Training for school staff and coaches to detect mental health issues in kids
- Publish suicide hotlines in more places
- Increased preparedness for things like seasonal depression
- More ways to release stress/anxiety during the day/exam periods
- Let people know it's OKAY to be struggling with something/normalize more
- Online, anonymous sign-ups to see counselors

Assets:

- Choose to Be Healthy Parent Check-Ins
- Beaches being close by
- Multiple types of school counselors (traditional, social worker, substance abuse counselor etc.)
- Multiple activities/sports
- Yellow Tulip Project upcoming
- TIDALWAVSE/Soberfriends/Gina Brodsky & Sarah Bolanos
- Suicide prevention/mental health awareness themes in health curriculum
- Sweetser therapist on school campuses
- Some increased efforts on behalf of school administration and teachers.