York County

Maine Shared Community Health Needs Assessment Report

2025

Table of Contents

Introduction

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare (CMHC), Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), the Maine Center for Disease Control and Prevention (Maine CDC), and the Maine Community Action Partnership (MeCAP). By engaging and learning from people and communities and through data analysis, the partnership aims to improve the health and well-being of all people living in Maine.

The mission of the Maine Shared CHNA is to:

- Create shared CHNA reports,
- Engage and activate communities, and
- Support data-driven improvements in health and well-being for all people living in Maine.

This is the fifth collaborative Maine Shared CHNA and the fourth conducted on a triennial basis. The Maine Shared CHNA began with the One Maine Collaborative, a partnership between MaineGeneral Health, MaineHealth, and Northern Light Health, which published its first community health assessment in 2010. Community Action Agencies (CAAs) have a long history of community needs assessments (CNA), most recently as a collective system conducting a statewide assessment in Maine. The Maine Community Action Partnership, which represents the CAAs in Maine, and the Maine Shared CHNA partners most recently joined together in recognition that the partners' missions cut across the multitude of factors that influence a person's health and well-being and the overlap in service areas, patient populations, and services and programs. Additionally, common elements run through each partner's federal and accreditation reporting requirements leading to efficiencies and effectiveness in conducting a health and well-being assessment.

This assessment cycle, the Maine Shared CHNA has continued its collection and analysis of data covering community conditions and social drivers of health, protective and risk factors, and health conditions and outcomes at the urban, county, state, and national level. This cycle saw expanded efforts to engage communities across Maine, conducting statewide focus groups with specific populations, county level focus groups, key informant interviews, and a statewide community survey. Both the quantitative and qualitative data were used to inform a health and well-being prioritization process held with stakeholders at 17 forums, one in each county and two in Cumberland County. The resulting priorities for York County are outlined in the following report, along with a summary of related and contributing data, community engagement findings, and forum discussions. A more detailed explanation of the Maine Shared CHNA methodology can be found in Appendix 1.

Executive Summary

York County Health and Well-Being Priorities

The following table includes the top health and well-being priorities identified by York County stakeholder forum participants based on quantitative and qualitative data, and their own knowledge, expertise, and experience in the community. Those followed by "(ME)" indicate they are also state priorities. A complete list of results from the county stakeholder forum health and well-being prioritization process are listed in Appendix 2.

Community Conditions	Protective & Risk Factors	Health Conditions & Outcomes
Housing (ME)	Adverse/Positive Childhood Experiences (ME)	Mental Health (ME)
Poverty (ME)	Physical Activity	Substance Use Related Injury & Death
Provider Availability (ME)	Nutrition (ME)	Cardiovascular Disease

In addition, the following are state priorities that were not selected by York County:

Transportation Substance Use Chronic Conditions

Next Steps

The Maine Shared CHNA assessment reports will be used to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals, the Public Health Accreditation Board (PHAB) requirements for state and local public health departments, and the Community Services Block Grant (CSBG) requirements for Community Action Agencies (CAAs). The next steps include:

- For hospitals, create an informed implementation strategy designed to address identified health and well-being priorities.
- For the Maine CDC and local public health departments, create an informed State Health Improvement Plan and Community Health Improvement Plans.
- For Maine CDC convened District Coordinating Councils, inform stakeholder discussions and planning at the local level, as relevant and applicable.
- For Community Action Agencies, develop informed strategic and programmatic plans to address the identified health and well-being priorities and their impact on those in poverty.

The use of these reports is also encouraged and welcomed by non-profits, community partners, academics, policymakers, businesses, and countless others to support their strategic planning, coalition building, and grant writing. The Maine Shared CHNA sought to learn who is currently working on the priorities outlined within this report and hopes the report can serve as a catalyst for deeper collaboration to improve the health and well-being of people living in Maine.

Report Outline

This report is broken into three sections.

1. Data on York County's select demographics, including socioeconomic indicators, race and ethnicity, age, and leading cause of death are presented to give a broad view of the make-up of people living in York County and to provide context for which health and well-being conditions and outcomes may or may not prevail.
2. A section is devoted to discussing health equity and related terms and the Maine Shared CHNA's approach to community engagement.
3. The remainder of the report provides an in-depth discussion of each of the health and well-being priorities, grouped by the categories of community conditions, protective and risk factors, and health conditions and outcomes. Each discussion includes findings from the county focus group representing people with low-income, county specific results from the statewide community survey, summary discussions from the county stakeholder forum, and county specific quantitative data from the County Health Profile, as relevant and applicable.

Additional reports highlighting the results of the health and well-being assessment, including data profiles and community engagement overviews, as well as reports for each county and the state, are available online at www.mainechna.org.

Select Data

Demographics

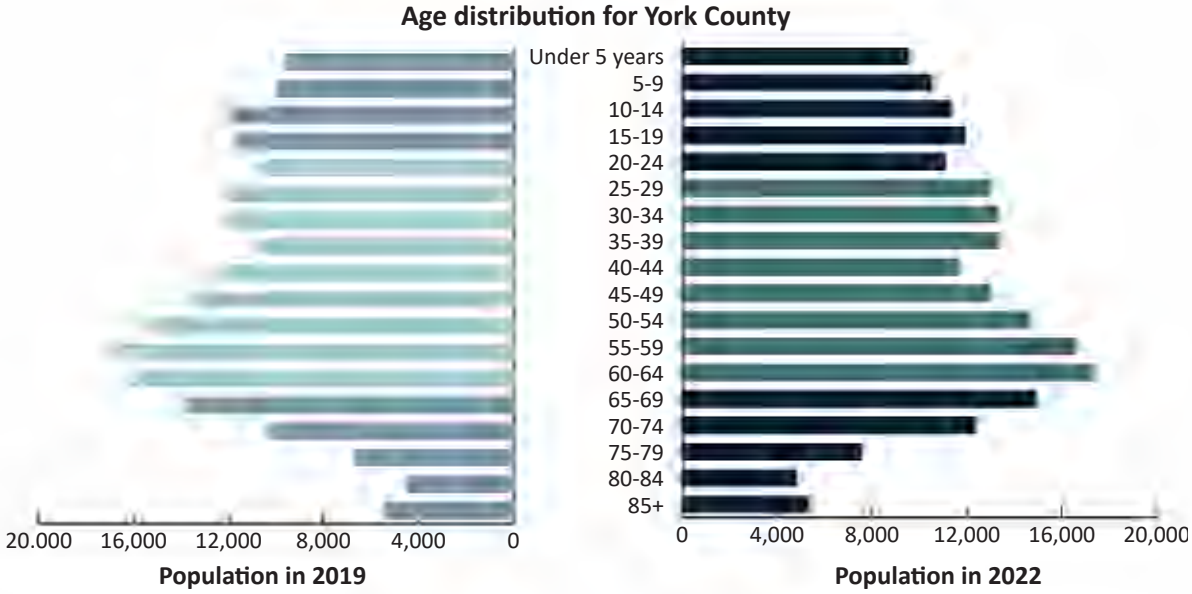
The following tables and chart show information about the population of York County. The differences in age and poverty are important to note as they may affect a wide range of health and well-being outcomes.

York County Population	State of Maine Population
212,691	**1,366,949**

	York	Maine
Median household income	**$79,743**	**$68,251**
Unemployment rate	**2.5%**	**3.1%**
Individuals living in poverty	**8.0%**	**10.9%**
Children living in poverty	**9.6%**	**13.4%**
65+ living alone	**28.1%**	**29.5%**

	York County	
	Percent	Number
American Indian/Alaskan Native	**0.2%**	**451**
Asian	**1.1%**	**2,260**
Black/African American	**1.0%**	**2,193**
Native Hawaiian or other Pacific Islander	**0.0%**	**27**
Some other race	**0.6%**	**1,292**
Two or more races	**4.4%**	**9,371**
White	**92.7%**	**197,097**
Hispanic	**2.0%**	**4,162**
Non-Hispanic	**98.0%**	**208,529**

The chart below shows the shift in the age of the population between 2015-2019 and 2018-2022. As Maine's population grows older, there may be impacts on health care costs, caregivers, and workforce capacity, while on the other end, increases in children may cause impacts on child care availability and educational institutions.



Leading Causes of Death

When reviewing the top health and well-being priorities it is important to consider how they may fit into the leading causes of death for the county and Maine. In some instances, they may overlap, in others they may contribute to or cause a leading cause of death, and in others they may be distantly related. The priorities identified demonstrate the continuum of health and well-being and the impact of other factors, such as social, institutional, and community conditions, and protective and risk factors on health and well-being outcomes.

Leading Causes of Death, 2022

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

Cause of Death	Maine	York County
Cancer	**25.9%**	**27.1%**
Heart disease	**27.2%**	**25.2%**
Accidents	**10.5%**	**11.2%**
Chronic lower respiratory disease	**6.8%**	**6.4%**
COVID 19	**6.0%**	**5.8%**
Cerebrovascular disease	**4.8%**	**5.7%**
Alzheimer's disease	**4.1%**	**3.8%**
Diabetes	**4.6%**	**3.6%**
Chronic liver disease and cirrhosis	**2.3%**	**2.7%**
Nephritis, nephrotic syndrome & nephrosis	**1.8%**	**2.4%**
Suicide	**2.0%**	**2.1%**
Parkinson's disease	**1.7%**	**2.1%**
Influenza & pneumonia	**2.1%**	**1.9%**

Health Equity

Definitions

Healthy People 2030 defines **health equity** as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[i] In order to achieve health equity, actions must be taken to improve access to conditions that influence health and well-being, specifically for those who lack access or have worse health. This in turn should impact everyone's outcomes positively. "Equity" means focusing on those who have been excluded or marginalized.[ii]

Healthy People 2030 defines a **health disparity** as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systemically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristic historically linked to discrimination or exclusion."[iii] Disparities in health and well-being are how progress is measured toward health equity and are the preventable differences in health and well-being.[iv]

Social drivers of health (SDOH) are conditions in the environments where people are born, live, work, play, worship, and age – the community-level factors – that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social drivers of health are sometimes used interchangeably with social determinants of health; however, "determinants" can be interpreted to suggest nothing can be done; that our health and well-being is determined. Whereas "drivers" reframes the conversation with a focus on health and demonstrate changes can be made to improve health and well-being outcomes.[v]

Health-related social needs (HRSNs) is another term often used. These are the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They refer to individual-level factors, such as financial instability, lack of access to healthy food, lack of access to housing, and lack of access to health care and social services, that put people at risk for worse health and well-being outcomes and increased health care use.[vi]

Health Equity and Community Engagement

The Maine Shared CHNA takes a broad approach to assessing health and well-being throughout the state. While we attempted to reach many populations in our assessment process who have disparate health and well-being experiences and outcomes, some choices about which groups to include were necessary. We ultimately engaged directly with LGBTQ+ people, multigenerational black/African Americans, people with low-income, veterans, women, young adults, and youth through focus groups and several other populations and sectors through interviews. Additionally, we heard from a diverse audience through a statewide survey.

It should be noted the voices we heard in focus groups and interviews are not meant to be representative of their entire identified population or community. We recognize that for many people, their lives and their health is affected by multiple aspects of their identity and lived experiences or their "intersectionality." We attempted to recognize participants' intersectionality by asking them to voluntarily share any other identities they may have. The totality of focus group participants also identify as: a Tribal member, older adults, non-English speaker, immigrant, asylee, migrant, Latino/Latine/Latinx, residents of rural, urban, and suburban areas, people with substance use disorder, people with mental health disorder, members of the disability community, people who are deaf or hard of hearing, people who are incarcerated or formerly incarcerated, people who are unhoused or experiencing homelessness, and caregivers.

Community Engagement Findings

The Maine Shared CHNA recognizes the findings of our assessment do not encompass all populations and communities in Maine, nor the diverse experiences of those within the populations and communities we have engaged with. Maine is a diverse state with approximately 51,696 people who identify as American Indian/Alaskan Native (6,722), Asian (15,071), Black/African American (21,775), or some other race (8,128). An additional 53,704 people identify as two or more races. The Maine Shared CHNA will continue to develop meaningful and transparent relationships with these populations and others, in an effort to continuously improve our assessment process and ultimately drive improvement in health and well-being outcomes. Additional information on the qualitative data process can be found in Appendix 1: Methodology and the complete community engagement findings can be found at www.mainechna.org.

Socioeconomic Empowerment

The Maine Shared CHNA recognizes the impact poverty and low incomes have on health and well-being. Community Action Agencies are funded through the Community Services Block Grant to administer support services that alleviate the causes and conditions of poverty in under resourced communities[vii] and identify those causes and conditions through the community needs assessment process. In an effort to reach this aim, the Maine Shared CHNA survey asked respondents to rate the top five items that are "very necessary" steps to help move people out of poverty and to a place of housing stability and financial stability. The table below represents the ratings for the county and Maine and when applicable, are referenced in each priority discussion.

York County	Maine
1) Affordable and safe housing	1) Jobs that pay enough to support a living wage
2) Jobs that pay enough to support a living wage	2) Affordable and safe housing
3) Affordable & available health care	3) Mental health care and treatment
4) Mental health care and treatment	4) Affordable & available health care
5) Affordable & quality childcare	5) Affordable & quality childcare

Health and Well-Being Priorities

Section Overview

The following section contains the top health and well-being priorities for each category – community conditions, protective and risk factors, and health conditions and outcomes. The categories are derived from the Bay Area Regional Health Inequities Initiative (BARHII) framework. More information on the framework is in Appendix 1: Methodology.

Each priority contains a discussion of the related quantitative and qualitative data and stakeholder forum takeaways. Within each priority the following sections are also included, as applicable:

Socioeconomic Empowerment

- This provides the step or steps rated by Maine Shared CHNA survey respondents that help move a person from poverty to stability that relate to the priority. The complete list of the top five rated steps is outlined in the health equity section of this report.

Populations and Communities

- This includes populations and communities impacted by the priority as identified in a pre-forum survey and at the forum.

Community Resources

- This includes a list of assets and resources to address the priority as identified in a pre-forum survey and at the forum.

Crosscutting Priorities

- This section includes a list of the other health and well-being priorities for York County that are related or connected to the priority of discussion. Readers are encouraged to reference these to gain more insight into the interconnectivity of the priorities and overall health and well-being.

York County Strengths

The Maine Shared CHNA survey asked respondents to identify the top five strengths of their communities. For York County, respondents highlighted:

- Safe opportunities to be active outside;
- Locally owned businesses;
- Safe neighborhoods;
- Schools and education for all ages; and
- Low crime.

People living in York County have a positive outlook on their health and well-being – 71.7% of survey respondents believe their community is healthy or very healthy; 73.2% rate their own physical health as good or excellent and 74.6% say their mental health is good or excellent.

Community Conditions

Community conditions include the physical environment (environmental exposures, housing, transportation, etc.), economic and work environment (employment, income, etc.), social environment (discrimination, crime, community safety, etc.), and service environment (health care and social service access, education, etc.). Social drivers of health (SDOH), which are the policies, systems, structures, life experiences, and social supports that influence a person's health, most often fit into the context of community conditions. The following section outlines the top community conditions priorities for York County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

York County Community Conditions		
Housing	Poverty	Provider Availability

Housing

Housing was the top priority for the community conditions category for York County. For the purposes of the prioritization process, housing includes such topics as housing availability and affordability, costs associated with home ownership or renting, and costs of utilities.

Assessment Findings

In the York County focus group, "affordable housing" was a top theme. Focus group participants said:

> **"In a place like this, most people want to live closer to town – need to have housing available where resources are. I had an apartment that was $600 with utilities – now, that would be $2,000."**

> **"You can work a full-time job and still not make enough money to pay for mortgage and other expenses. If we make $5 more an hour, we lose food stamps, MaineCare."**

In York County 11.7% of households spend more than 50% of their income toward housing, significantly better than the U.S. (14.1%, 2018-2022). The median gross rent in York County based on the most recent data (2018-2022) is $1,166, significantly worse than 2015-2019 ($983) and Maine ($1,009), but significantly better than the U.S. ($1,268).

In the Maine Shared CHNA survey, respondents living in York County said "housing insecurity" was the top three of five social concerns negatively impacting their community and 70.7% said "housing needs" negatively impact them, a loved one, and/or their community. When asked about specific housing needs, several topics impacted respondents, their loved ones, and their

community, specifically housing costs and availability. These needs are outlined in Table 1: Housing Needs.

Participants at the York County stakeholder forum also discussed the lack of housing availability. They attribute this to the inability to downsize, which may be due to high interest rates and a lack of places to move to, which could open up housing for families, and the increasing costs of rent. In addition, they believe York County is seen as a place to host short term rentals, reducing long term and permanent housing options. As of 2022, 1.3% of housing units were vacant and for sale or rent and 79.4% of housing was occupied (2018-2022).

Forum participants discussed housing infrastructure, noting there is a lack of planning and zoning changes at the community and county level and no incentives for property owners to build housing. Forum participants noted the availability of state and federal funding for housing but would like to see better coordination of funds amongst organizations who work on housing. Additionally, for those who do own homes, maintenance, repair, weatherization, and accommodations to age in place can be costly. In York County 28.1% of people 65 and older live alone (2018-2022).

Regarding the unhoused population, forum participants say there are shelters in York County, but they may not be appropriate for older adults. As of 2023, 421 children were experiencing homelessness and 2.1% of high school students were housing insecure.

Table 1: Housing Needs, 2024

	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Housing costs	43.7%	45.8%	82.1%	1.1%	2.6%	0.0%
Availability of affordable, quality homes/rentals	27.4%	38.9%	84.7%	0.5%	3.2%	1.1%
Availability of affordable, quality housing for older adults or those with special needs	15.8%	27.4%	80.0%	1.1%	6.8%	3.2%
Issues associated with home ownership or renting	33.2%	38.9%	76.3%	2.1%	6.3%	1.1%
Health risks in homes (indoor air, tobacco smoke residue, pests, lead, mold)	12.6%	21.1%	60.0%	2.6%	25.3%	5.3%
Homelessness or availability of shelter beds	3.2%	10.0%	74.7%	4.7%	14.2%	3.2%
Cost of utilities	52.1%	47.4%	77.9%	1.1%	3.7%	1.6%
Costs associated with weatherization	35.8%	33.2%	65.8%	3.7%	12.1%	3.2%

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to move people from a place of poverty to stability, "affordable and safe housing" was rated number one by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Housing

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities, as were those at the forum. For housing, respondents cited: young adults, older adults, New Mainers/immigrants, adults, children, youth, and teens.

Community Resources to Address Housing

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For housing, respondents identified:

- Affordable Housing Projects
- Biddeford Housing Authority
- General Assistance
- Housing Authorities
- Housing vouchers
- MaineHousing
- MaineSpring Collective
- Outreach/social workers
- Sanford Housing Authority
- School department
- Seeds of Hope
- York County Community Action Corporation, specifically the Homelessness HUB
- York County Shelter Program

Crosscutting Priorities

Poverty

Poverty

York County has varied outcomes as they relate to poverty status, performing well on some indicators and worse on others:

- 8% of individuals live in poverty, significantly better than Maine (10.9%) and the U.S. (12.5%, 2018-2022).
- 12.5% of families live below the federal poverty level, significantly worse than Maine (6.4%) and the U.S. (8.8%, 2018-2022).
- 9.6% of children live in poverty, significantly better than Maine (13.4%) and the U.S. (16.7%, 2018-2022).
- 30.4% of households live above the federal poverty level, but below the Asset Limited, Income Constrained, Employed (ALICE) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy (2022).
- 12% of people are asset poor, meaning they have insufficient net worth to live without income at or above the poverty level for three months (2021).

In the York County focus group, "cost of living" was a top theme. Focus group participants said:

"I'm not a senior but am forced to live on a fixed income… – I'm not eligible for many services because I'm not old enough"

"You can work a full-time job and still not make enough money to pay for mortgage and other expenses. If we make $5 more an hour, we lose food stamps, MaineCare."

Participants at the York County stakeholder forum discussed the lack of employment opportunities and livable wages in the area. Quantitative data shows the median income, based on the most recent data (2018-2022), is $79,743 which is significantly better than 2015-2019 ($67,830), Maine ($68,251) and the U.S. ($75,149). The unemployment rate in York County was 2.5% as of 2023.

In the Maine Shared CHNA survey, 74.4% of survey respondents said "economic needs" negatively impact them, a loved one, and/or their community. When asked about specific economic needs, 72.7% of respondents said, "availability of affordable, quality child care" and "access to affordable, quality foods" negatively impacts their community. In 2024, York County had 111 child care centers and as of 2023, 39.4% of children were served in publicly funded state and local preschools. Forum participants discussed a lack of places for a child to go during the day, specifically Pre-K options, which may in turn limit opportunities for employment. As of 2022, 11.6% of adults and 16.7% of youth were food insecure. The "ability to contribute to savings, retirement" negatively impacts respondents (52%), their loved ones (49%), and their community (63.6%).

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to move people from a place of poverty to a place of stability, "jobs that pay enough to support a living wage" and "affordable and quality child care" were rated number two and five by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Poverty

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For poverty, respondents cited: children, youth, teens, older adults, and adults.

Community Resources to Address Poverty

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For poverty, respondents identified:

- Civic organizations
- Congressional delegation
- Faith-based organizations
- Fedcap
- Food pantries, specifically in Biddeford and Saco
- General Assistance
- MaineCare
- Mainspring
- Seeds of Hope
- Social Security benefits
- Supplemental Nutrition Assistance Program
- United Way
- Women, Infants and Children Program
- York Community Service Association
- York County Community Action Corporation
- Youth Full Maine

Crosscutting Priorities

Housing

Provider Availability

Provider availability was the third priority for the community conditions category for York County. For the purposes of the prioritization process, provider availability includes such topics as availability of primary care physicians, dentists, psychiatrists, and mental health providers, access to mental health treatment, access to drug and alcohol treatment, caregiving, and prenatal care.

Assessment Findings

In the York County focus group, "finding and maintaining doctors" was a top theme. Focus group participants said:

"[I know someone] who can't get any help [for mental health treatment]. They go to Biddeford Hospital, then see a psychiatrist – who leaves the practice – and then to another psychiatrist, and they never get better."

"Doctor's office hours [make it hard to book appointments]. You need to take off work to see a doctor, and then you lose money from [missing work]."

In the Maine Shared CHNA survey, 43.1% of respondents said they or a loved one chose not or could not get health care services and 46.3% said the same of mental health care services. "Long wait times to see a provider" was listed as a top reason for not getting care for both health care and mental health care, with those forgoing mental health care also noting "no evenings or weekend hours to receive care."

Quantitative data shows in 2024, there were 1,403 people for every primary care physician. In York County 88% of adults have a usual primary care provider and 79.9% of adults have visited a primary care provider in the past year (2019-2021), which is significantly better than 2015-2017 (73.1%).

Socioeconomic Empowerment

Maine Shared CHNA survey respondents rated "affordable and available healthcare" as the third of five "very necessary" steps to move someone from a place of poverty to stability.

Populations and Communities Impacted by Provider Availability

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For provider availability, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Provider Availability

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For provider availability, respondents identified:

- Mainspring Collective
- Fair Tide
- Nasson Healthcare
- Providers who are culturally competent
- Tufts Maine Track Program for rural providers
- York Community Service Association
- York County Community Action Corporation

Protective & Risk Factors

Protective and risk factors are aspects of a person or environment that make it less likely (protective) or more likely (risk) that someone will achieve a desired outcome or experience a given problem. The more protective factors a person experiences, the more likely they are to have positive health and well-being outcomes, whereas the more risk factors, the greater the likelihood of experiencing negative health and well-being outcomes. Protective and risk factors can occur at both the individual and the environmental level, often overlapping with topics that fall within community conditions. The following section outlines the top protective and risk factor priorities for York County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

York County Protective & Risk Factors		
Adverse / Positive Childhood Experiences	**Physical Activity**	**Nutrition**

Adverse/Positive Childhood Experiences

Adverse childhood experiences (ACEs) was the top priority for the protective and risk factors category for York County, with stakeholder forum participants emphasizing the inclusion of protective childhood experiences (PCEs). ACEs are potentially traumatic events that occur in childhood, such as experiencing abuse or neglect; witnessing violence; or the death of a family member by suicide and aspects of a child's environment, such as substance use, mental health problems, and instability in the home due to parental separation or an incarcerated family member.[viii] PCEs help mitigate the impact of the long-term effects of adverse childhood experiences and drive healthy development by promoting health and well-being, developing relationships and connections, cultivating positive self-worth, providing a sense of belonging, and building skills to cope with stress in healthy ways.[ix]

Assessment Findings

In the Maine Shared CHNA survey, respondents highlighted community strengths, with "safe opportunities to be active outside," "safe neighborhoods," "schools and education for all ages," and "low crime" as potentially impacting positive childhood experiences.

In the Maine CHNA survey, three of the five top social concerns that negatively impact the community could be associated with ACEs – mental health issues, substance use, and housing insecurity. Three-quarters of survey respondents said mental health needs (75.9%) and economic needs (74.4%), potential root causes of ACEs, impact them, a loved one, and/or their community.

Of the Maine Shared CHNA respondents who said, “mental health needs,” 57.5% and 36% said “youth mental health” negatively impacts their community and a loved one, respectively. In York County,

- 24.7% of high school students in York County had at least four of nine adverse childhood experiences (2023).
- 35.2% of high school and 32.1% of middle school students felt sad/hopeless for two weeks in a row (2023), with middle school percentages significantly worse than 2019 (24%).
- 18% of high school and 20.9% of middle school students seriously considered suicide (2023).

York County stakeholder forum participants discussed availability of care, noting a lack of resources to address ACEs and a belief that programming aimed at young people may not always fit their needs or interests. In York County there were 10,621 people for every psychiatrist and 220 people for every mental health provider as of 2024.

Forum participants discussed potential contributing factors to ACEs, noting the impacts of norms at the generational, societal, and cultural levels, specifically around substance use, namely alcohol, and the influences of social media. Forum participants note that while an emphasis with ACEs is often on young people, there is a large generation of adults who have had past trauma and have ACEs that are not being addressed. Systemic oppression was noted as another cause to ACEs, which has the potential to impact people through their lifespan and future generations.

Populations and Communities Impacted by Adverse/Positive Childhood Experiences

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For ACEs/PCEs, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Adverse/Positive Childhood Experiences

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For ACEs/PCEs, respondents identified:

- Biddeford Ready
- Child Development Services – York County
- Department of Health and Human Services
- Health care providers and pediatricians
- Kids Free to Grow
- Maine Youth Thriving
- NAMI Maine
- Pinetree Institute
- Prevention coalition
- Social and emotional learning programs
- Spurwink
- Sweetser
- Workforce development
- York County Community Action Corporation

Physical Activity

Physical activity was the second priority for the protective and risk factors category for York County. For the purposes of the prioritization process, physical activity includes such topics as met aerobic guidelines, screen time, and sedentary lifestyle.

Assessment Findings

In York County,

- 22.3% of adults reported a sedentary lifestyle (2021).
- 51.7% of adults met physical activity recommendations (2017 & 2019).
- 50.5% of high school students and 48.6% of middle school students met physical activity recommendations (2023), both significantly better than 2019 (20.8% and 25%).
- 24.2% of high school students had fewer than two hours of screen time (2023), significantly worse than 2019 (32.8%) and 26.7% of middle school students had fewer than two hours of screen time.

Participants at the York County stakeholder forum discussed the impact of public safety and the built environment on opportunities for physical activity. They specifically called out unsafe neighborhoods and crime, a lack of sidewalks, and poor air quality. Of the 58.5% of survey respondents who said “environmental needs” negatively impact them, a loved one, and/or their community 42.2% said “access to parks and green spaces for recreation” negatively impacts their community. Of the 50.4% of survey respondents who said “public safety needs” negatively impacts them, a loved one, and/or their community 73.1%, 29.7%, and 34.5% said “pedestrian or bicycle safety” negatively impacts their community, a loved one, or themselves, respectively.

Forum participants highlighted the positive culture schools are developing through their encouragement of taking breaks from sitting and encouraging standing during classes and the promotion of scholarships for sports and activities. They did note parents may not be aware of these financial opportunities to participate in sports and activities. In addition to awareness of scholarships, there is the general sense people may not understand the impacts of the lack of physical activity on their physical and mental health. Additionally, people often have to prioritize meeting their basic needs over physical activity and may be constrained by finances, time, and a lack of transportation. These beliefs and pressures to prioritize may be felt through generational and societal norms.

Populations and Communities Impacted by Physical Activity

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For physical activity, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Physical Activity

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For physical activity, respondents identified:

- Adult community education programs
- Apex Youth Connection
- Community based exercise programs
- Eastern Trail bike paths
- Let's Go 5210
- Maine Prevention Network
- Mount Agamenticus and other trails
- Safe communities and towns
- YMCA

Nutrition

Nutrition was the third priority for the protective and risk factors category for York County. For the purposes of the prioritization process, nutrition includes such topics as fruit and vegetable consumption and soda/sports drink consumption.

Assessment Findings

In the York County focus group, one participant said:

"You can work a full-time job and still not make enough money to pay for mortgage and other expenses. If we make $5 more an hour, we lose food stamps, MaineCare."

York County stakeholder forum participants also discussed the constraint of finances on nutrition and noted there may be the feeling of stigma for those who are eligible for food benefits. In the Maine Shared CHNA survey, 74.4% of respondents said "economic needs" negatively impact them, a loved one, and/or their community. Of those respondents, 69.7% said "access to affordable, quality foods" negatively impacts their community, 31.8% said a loved one, and 31.3% said themselves. Access to food was also noted at the forum, with participants noting the existence of food deserts and that when food is available, it may not always be nutritious. In 2022, 11.6% of adults and 16.7% of youth were food insecure.

In York County,

- 32.6% of adults had less than one serving of fruits and 9.8% of adults had less than one serving of vegetables per day, both significantly better than the U.S. (39.7% and 20.4%, 2021).
- 13.4% of high school and 17.5% of middle school students had five or more servings of fruits and vegetables per day (2023).
- 24.8% of high school and 22.8% of middle school students had one or more soda/sports drinks per day (2023).

Forum participants discussed the impact of time and knowledge on the ability to prepare nutritious meals. They believe people may receive nutritional misinformation, specifically from diet culture, the size of food labels, corporations, and media or may not know how to prepare the foods they receive from the food pantry. In addition, many people may not have time to prepare meals.

Populations and Communities Impacted by Nutrition

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For nutrition, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Nutrition

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities, as were those at the forum. For nutrition, respondents identified:

- Adult community education programs
- Biddeford Community Gardens
- Breastfeeding resources/supports
- Coastal Healthy Communities Coalition
- Farmers' markets
- Food pantries
- Healthy Eating Active Living programs
- Hospitals that provide meals upon discharge
- Local grocery stores
- Locally grown food
- Maine Prevention Network
- MaineHealth
- Meals on Wheels
- School Meals for All
- SNAP-Ed
- Women, Infants and Children Program
- York County Food Council
- Youth Full Maine

Crosscutting Priorities

Poverty

Health Conditions & Outcomes

Health conditions and outcomes are the state of a person's health and well-being either as a current disease state, one that has been experienced, or the category of injury and death. These are at the downstream of the Bay Area Regional Health Inequities Initiative (BARHII) continuum (Appendix 1) and those that we ultimately hope to reduce and/or prevent through earlier changes in policies and systems, programs, and interventions at the upper stream levels. The following section outlines the top health conditions and outcomes priorities for York County, findings from the assessment process, steps necessary to move from poverty to stability, populations and communities impacted by the priority, assets and resources related to the priority, and crosscutting priorities.

York County Health Conditions & Outcomes		
Mental Health	**Substance Use Related Injury & Death**	**Cardiovascular Disease**

Mental Health

Mental health was the top priority for the health conditions and outcomes category for York County. For the purposes of the prioritization process, mental health includes such topics as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, and post-partum depression.

Assessment Findings

In the Maine Shared CHNA survey, respondents said "mental health issues" were the number one social concern negatively impacting their community. Three-quarters (75.9%) of respondents said, "mental health needs" negatively impact them, a loved one, and/or their community and while no one mental health need had predominate impacts, several impacted people in various aspects of their lives, most notably "anxiety or panic disorder," "depression," and "general stress of day-to-day life." These details and other mental health topics are in Table 2: Mental Health Needs.

In York County 10.8% of adults report current symptoms of depression, 22% report experiencing depression in their lifetime, and 23.1% report anxiety in their lifetime (2019-2021). Three-quarters (74.6%) of Maine Shared CHNA survey respondents rate their own mental health as "good or excellent."

Participants in the York County stakeholder forum discussed the difficulty with finding mental health services, specifically access for young people and for the young adult population, knowing where to go, while potentially navigating stigma associated with mental health and not understanding the complexities of mental health. Forum participants also discussed shortages in mental health providers, a lack of care for people who need intensive care, and a lack of transportation to get to mental health services. Provider shortages were also discussed in the York County focus group, with one participant saying:

"[I know someone] who can't get any help [for mental health treatment]. They go to Biddeford Hospital, then see a psychiatrist – who leaves the practice – and then to another psychiatrist, and they never get better."

In 2024, there were 10,621 people for every psychiatrist, 220 people for every mental health provider and 20.2% of adults were currently receiving outpatient mental health treatment (2019-2021). Just under half (46.3%) of Maine Shared CHNA survey respondents said they or a loved one could not or chose not to get mental health services in the past year. The reasons why include: "long wait times to see a provider," "had health insurance, could not afford care," and "no evenings or weekend hours to receive care."

Forum participants discussed specific populations who might face unique challenges with regard to mental health. They noted the transitional nature of life for those aged 18 to 25 and a lack of structured support or guidance for this population. For older adults, forum participants discussed the nuances of mental health versus mental decline and the challenges this may pose when seeking and navigating care.

Table 2: Mental Health, 2024	Impacts me	Impacts a loved one	Impacts my community	Doesn't have an impact	I don't know	Not applicable
Anxiety or panic disorder	49.0%	67.0%	47.0%	0.5%	4.0%	3.5%
Depression	44.5%	61.5%	52.5%	1.0%	6.0%	4.0%
Bipolar disorder	6.0%	25.5%	36.0%	12.0%	23.5%	14.5%
Trauma or post-traumatic stress disorder (PTSD)	26.5%	38.0%	48.5%	5.5%	13.5%	7.5%
General stress of day-to-day life	68.5%	60.0%	56.5%	2.0%	6.0%	2.5%
Social isolation or loneliness	23.0%	39.0%	56.0%	5.0%	10.0%	8.0%
Stigma associated with seeking care for mental health or substance use disorders	17.0%	36.5%	52.0%	9.5%	13.5%	8.5%
Suicidal thoughts and/or behaviors	11.0%	28.5%	49.5%	5.5%	18.5%	12.0%
Youth mental health	16.0%	36.0%	57.5%	4.5%	11.5%	6.5%

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move someone from a place of poverty to stability, "mental health care and treatment" was ranked number four by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Mental Health

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For mental health, respondents cited: older adults, teens, young adults, adults, children, and youth.

Community Resources to Address Mental Heath

Participants in the pre-forum survey and at the forum were also asked to identify assets and resources related to their identified priorities. For mental health, respondents cited:

- Biddeford Teen Center
- Community health coalitions
- Faith-based organizations
- MaineHealth Behavioral Health
- MaineSpring Collective
- Nasson Health Care
- School counselors
- Spurwink
- Sweetser
- YMCA
- York County Community Action Corporation
- York Public Library's teen space and programming

Crosscutting Priorities

Provider Availability

Substance Use Related Injury & Death

Substance use related injury and death was the second priority for the health conditions and outcomes category for York County. For the purposes of the prioritization process, substance use related injury and death includes such topics as drug affected infant reports, overdose, and opiate poisoning.

Assessment Findings

In the Maine Shared CHNA survey, respondents said "substance use" is the second of five top social concerns negatively impacting their community and 68.4% said "substance use" negatively impacts them, a loved one, and/or their community. When asked about specific substances, 75.9% and 36.9% said "alcohol misuse or binge drinking" negatively impacts their community and a loved one; 72.7% said "opioid misuse" negatively impacts their community, and 68.4% said "other illicit drug use" negatively impacts their community. Stakeholder forum participants discussed access to substances within the community as an issue which may lead to increased use and acceptability.

In York County,

- There were 30 overdose deaths for every 100,000 people (2023).
- There were 38.9 drug-induced deaths for every 100,000 people, significantly better than Maine (55.6 per 100,000, 2018-2022).
- There were 14.7 alcohol-induced deaths for every 100,000 people.
- 9.3% of adults report chronic heavy drinking (2019-2021).
- 16.5% of adults report binge drinking (2019-2021).

Populations and Communities Impacted by Substance Use Related Injury and Death

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For substance use related injury and death, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Substance Use Related Injury and Death

Participants in the pre-forum survey were also asked to identify assets and resources related to their identified priorities. For substance use related injury and death, respondents cited:

- Hospitals
- Nasson Health Care
- OPTIONS
- Treatment centers

Cardiovascular Disease

Cardiovascular disease was the third priority for the health conditions and outcomes category for York County. For the purposes of the prioritization process, cardiovascular disease includes such topics as high blood pressure, high cholesterol, heart attack, and stroke.

Assessment Findings

In the York County focus group, "finding and maintaining doctors" was a top theme. One focus group participant said:

"Doctor's office hours [make it hard to book appointments]. You need to take off work to see a doctor, and then you lose money from [missing work]."

Stakeholder forum participants also noted the costs associated with treating cardiovascular disease and the impacts of stress on cardiovascular health outcomes.

In the Maine Shared CHNA survey, 75.3% of respondents said "chronic health conditions" negatively impact them, a loved one, and/or their community. When asked about specific chronic health conditions,

- 35.2% and 43.2% said "heart disease or heart attack" negatively impacts their community and a loved one.
- High cholesterol impacts just under a quarter of survey respondents (21.1%), half of loved ones (50.8%) and a quarter of community members (27.6%).
- High blood pressure or hypertension impacts 23.1% of survey respondents, 54.8% of loved ones and 29.1% of community members.

Quantitative data on cardiovascular disease shows York County has seen significant improvements on a number of indicators, as detailed in Table3: Cardiovascular Disease Indicators.

Table 3: Cardiovascular Disease

Indicator	York County Point 1	York County Point 2	York County Change	Benchmarks Maine	Maine +/-	Benchmarks U.S.	U.S. +/-
Cardiovascular Disease							
Cardiovascular disease deaths per 100,000 population	2015-2019 **169.7**	2018-2022 **174.4**	○	2018-2022 **200.4**	★	2021 **231.8**	N/A
Coronary heart disease deaths per 100,000 population	2015-2019 **67.8**	2018-2022 **69.2**	○	2018-2022 **82.0**	★	2021 **92.8**	N/A
Heart attack deaths per 100,000 population	2015-2019 **18.8**	2018-2022 **17.4**	○	2018-2022 **24.6**	★	2021 **26.8**	N/A
Stroke deaths per 100,000 population	2015-2019 **28.2**	2018-2022 **26.8**	○	2018-2022 **29.4**	○	2021 **41.1**	N/A
High blood pressure hospitalizations per 10,000 population	2016-2018 **15.1**	2019-2021 **18.8**	!	2019-2021 **19.4**	!	—	N/A
Heart failure hospitalizations per 10,000 population	2016-2018 **8.5**	2019-2021 **4.5**	★	2019-2021 **4.5**	★	—	N/A
Heart attack hospitalizations per 10,000 population	2016-2018 **15.5**	2019-2021 **13.0**	★	2019-2021 **18.9**	!	—	N/A
Stroke hospitalizations per 10,000 population	2016-2018 **17.7**	2019-2021 **16.8**	○	2019-2021 **19.2**	!	—	N/A

The County Health Profile contains more information on data interpretation and additional indicators.

★ means the health issue or problem is getting statistically significantly better over time.

! means the health issue or problem is getting statistically significantly worse over time.

○ means the change was not statistically significant.

N/A means there is not enough data to make a comparison.

— means data is unavailable.

Forum participants discussed the importance of recognizing symptoms of cardiovascular disease early but believe early detection is often not prioritized, both by patients and providers. For providers, they may not have time during appointments to provide additional guidance and connect patients to resources. Forum participants would like to see better relationships between health care and organizations that may be able to provide cardiovascular health related resources and an increase in health literacy. Transportation was noted as a barrier by forum participants to receiving care and they would like to see more transportation assistance for in-person visits and access to technology for telehealth.

Socioeconomic Empowerment

When asked to rate the top five "very necessary" steps to help move people out of poverty and to a place of stability, "affordable and available healthcare" was rated number three by Maine Shared CHNA survey respondents.

Populations and Communities Impacted by Cardiovascular Disease

In a pre-forum survey to identify initial priority topics, forum registrants were asked to identify populations impacted by their identified priorities. For cardiovascular disease, respondents cited: adults, older adults, children, youth, and teens.

Community Resources to Address Cardiovascular Disease

Neither respondents to the pre-forum survey, nor those at the forum identified assets and resources for cardiovascular disease.

Crosscutting Priorities

Provider Availability

Appendices

Appendix 1: Methodology

The Maine Shared Community Health Needs Assessment conducted a multiprong health and well-being assessment, including the collection and analysis of quantitative and qualitative data. The following methodology section outlines this effort.

Data Commitments

The Maine Shared CHNA uses a set of data stewardship guidelines to ensure data is collected, analyzed, shared, published, and stored in a transparent and responsible manner. Included in these guidelines is a commitment to promote data equity in data collection, analyses, and reporting. These guidelines include a commitment to:

- Correctly assign the systemic factors that compound and contribute to health behaviors and health outcomes rather than implying that social or demographic categories are "causes" of disparities. We will use a systems-level approach when discussing inequities to avoid judging, blaming, and/or marginalizing populations.
- Lead with and uplift the assets, strengths, and resources when discussing populations and communities, specifically with qualitative data collection.
- Acknowledge missing data and data biases and limitations.
- Identify and address important issues for which we lack data.
- Share data with communities affected by challenges, including sharing analysis, reporting and ownership of findings.

Quantitative Data

Data Criteria

The Metrics Committee, one of two standing committees of the Maine Shared CHNA, is charged with reviewing and revising a common set of population and community health and well-being indicators and measures every three years. Each cycle, the following criteria are used to guide an extensive review of the data:

- Describes an existing or emerging health issue;
- Describes one or more social drivers of health (SDOH);
- Describes the people in Maine;
- Measures an issue that is actionable;
- Describes issues that are known to have high health and/or social costs;
- Collectively provide for a comprehensive description of population health;
- Aligns with national health assessments (i.e.: County Health Rankings, American Health Rankings, Healthy People);
- Aligns with data previously included in Maine Community Health Partnership Assessments;
- Aligns with data routinely analyzed by the Maine CDC for program planning, monitoring, and evaluation;
- Have recent data less than two years old or have updates coming; and/or
- Were previously included, allowing for trends to be presented.

Additionally, the Metrics Committee, Maine CDC, and Crescendo Consulting Group (the 2024 Maine Shared CHNA vendor) reviewed the data to check for changes in data sources and definitions, potential new sources of data, and any discrepancies or errors in the data.

Data Profiles & Interpretation

The data profiles provide more than 250 health and well-being indicators that describe demographics, health outcomes and behaviors, and conditions that influence our health and well-being. The number of indicators available vary between counties, urban areas, and health equity profiles based on data availability and other data limitations, discussed below. The data come from more than 30 sources and represent the most recent information available and analyzed as of November 2024. Data from several years is often combined to ensure the data is reliable enough to draw conclusions. County comparisons are made in several ways: between two time periods; to the state; and to the U.S. The two time periods can be found within the tables under columns marked, "Point 1" and "Point 2." The majority of comparisons are based on 95% confidence intervals. In some instances, a 90% confidence interval is calculated from a Margin of Error and is noted with a "#" symbol. Confidence intervals may be determined using various methodologies (e.g. using weighting in calculations), resulting in a more narrow or wide margin of error and impacting the frequency of statistically significant differences. A 95% confidence interval is a way to say that if this indicator were measured over and over for the same population, we are 95% confident that the true value among the total population falls within the given range/interval. When the confidence intervals of two measurements do not overlap, the difference between them is statistically significant. Where confidence intervals were not available, no indicator of significant difference is included. A list of indicators, data sources, and definitions can be found in the appendix of each County Health Profile and is available on the Maine Shared CHNA website.

Data Limitations, Gaps, & Considerations

Quantitative data collection and analysis has several benefits, including the ability to see health and well-being trends over time. The Maine Shared CHNA draws on many data sets at the state and national level. Some of these include self-reported surveys while others are reports of health and well-being care and utilization rates. Each methodology has its own advantages and disadvantages, and both have limitations in response options and sample sizes. Additionally, some quantitative data representing the same indicators may be slightly different due to the source of the data and the methods used for interpretation. For example, this occurs with death data from the Maine's Data, Research, and Vital Statistics database versus the U.S. CDC's WONDER database.

The data sets used by the Maine Shared CHNA generally follow federal reporting guidelines and responses for race, ethnicity, sexual orientation, and gender identity, which may not encompass nor resonate with everyone and leave them without an option that represents their identity. Additionally, for some demographics, the numbers may be too small to have data disaggregated at certain levels, specifically the city and county level. Small sample sizes may pose the risk of unreliable or identifiable data. Both a lack of comprehensive response options and small sample sizes can lead to a gap in data analysis and reporting and leave some populations and communities underrepresented or missing entirely. The Maine Shared CHNA generally relies on

state-level data and aggregation of multiple years of data for more reliable estimates with less suppression. This implies an assumption that disparities found at the state level have similar patterns for smaller geographical areas, which does not account for the unique characteristics of populations throughout the state.

These data limitations may result in programming and policies that do not meet the needs of certain populations. To try to account for some of these gaps and complement the quantitative data, the Maine Shared CHNA engaged in an extensive community engagement process. That process and the results are outlined in the Community Engagement Overviews.

Specific data changes and limitations relevant to the 2024 Maine Shared CHNA data analysis are further described below.

Data Changes

This cycle brought a number of new indicators to the data set with the addition of the Maine Community Action Partnership to the Maine Shared CHNA collaborative, specifically related to social drivers of health. Social drivers of health (SDOH) are conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Previous versions of the Maine Shared CHNA have used the term social determinants of health to capture that same type of data. These and other changes were made based on currently available data and reviews by the Metrics Committee, Maine CDC, and Crescendo Consulting Group (the Maine Shared CHNA vendor). New, retired, and paused indicators are listed at the end of each County Health Profile.

Data Discrepancies

COVID's Impact

The COVID-19 pandemic impacted health and well-being behaviors, utilization of health care, and health and well-being outcomes, among other things that have created long-lasting impacts across Maine. These impacts are now being reflected in a multitude of data sets from roughly 2020 through 2023. In most cases, more recent, post-pandemic data is not yet available. Rather than exclude data collected during the pandemic, unless advised by the data source, we encourage readers to interpret data collected during the pandemic with this context in mind and that it may not be representative of a non-pandemic year.

Health Equity Profiles

The Maine Shared CHNA highlights populations and geographies that experience disparate health and well-being outcomes due to social, institutional, and environmental inequities through a community engagement process and health equity data profiles. Due to limitations in data availability and capacity of Maine Shared CHNA partners, health equity profiles on rurality and disability status will not be ready until early 2025. Additionally, some health equity profiles may include fewer indicators than others given data availability, suppressed data rates, and what is and is not collected at the state and national level. As noted above, disparities are generally only analyzed at the state level. The Maine Shared CHNA website and dashboard will be updated as data is available and analyzed.

Qualitative Data

In order to begin to understand how people interact in their communities and with the systems, policies, and programs they encounter we must build relationships and engage in ways that are mutually beneficial. By drawing on narrative and lived experience we are better positioned to identify the root causes of health and well-being behaviors and outcomes. Qualitative data, resulting from community engagement, provides an important context for the health and well-being outcomes and trends contained in the numbers. In combination, qualitative and quantitative data produce a broader picture of what a community is experiencing and enable a more thorough and well-rounded approach to program and policy development. The Maine Shared CHNA recognizes the need to collaborate with communities to build relationships and trust to more respectfully, transparently, and meaningfully work together in an effort to continuously improve upon our community engagement processes.

The Community Engagement Committee, one of two standing Committees of the Maine Shared CHNA, is charged with developing a framework for engaging and building relationships with populations and communities to gain a better understanding of their health and well-being strengths, needs and underlying causes of health and well-being behaviors and outcomes. The Maine Shared CHNA's community engagement included: focus groups, key informant interviews, and a statewide community survey.

Considerations for Identifying Populations to Engage With

The Maine Shared CHNA takes a broad approach to assessing health and well-being throughout the state. While we have attempted to reach many populations who have disparate health and well-being experiences and outcomes, some choices about which groups to include were necessary. We recognize that for many people, their lives and their health is affected by multiple aspects of their identity and lived experiences or their "intersectionality." We attempted to recognize participants' intersectionality by asking them to voluntarily share any other identities they may have. The totality of focus group participants also identify as: a Tribal member, older adults, Non-English speaker, immigrant, asylee, migrant, Latino/Latine/Latinx, residents of rural, urban, and suburban areas, people with substance use disorder, people with mental health disorder, members of the disability community, people who are deaf or hard of hearing, people who are incarcerated or formerly incarcerated, people who are unhoused or experiencing homelessness, and caregivers, in addition to the targeted populations listed below. It should be noted the voices we hear in focus groups are not meant to be representatives of their entire identified population or community.

This cycle, the Community Engagement Committee developed considerations to use to identify populations for focus group engagement. The considerations included whether each population:

- Is medically underserved;
- Is historically not involved in CHNA processes;
- Is negatively impacted by structural determinants of health – "the written and unwritten rules that create, maintain, or eliminate…patterns of advantage among socially constructed groups in the conditions that affect health, and the manifestation of power relations in that people and groups with more power based on current social structures

work to maintain their advantage by reinforcing or modifying these rules;"[x]
- Experiences intersectionality (the interconnection and impact of multiple identities on a person's life); and/or
- Includes participants ability to gather in-person or virtually.

The Community Engagement Committee also considered the willingness and ability of potential partner organizations to assist with recruitment; whether potential partner organizations represent multiple populations and sectors; and the ability to recruit a minimum number of participants for each focus group.

Considerations for the Use of Other Assessments

The Maine Shared CHNA recognizes communities are often overburdened by outside organizations as those organizations seek to learn about health and well-being strengths, resources, and needs. Additionally, with multiple organizations conducting assessments, the Maine Shared CHNA seeks to reduce duplicative work and partner with other organizations to learn from their assessments as opposed to assessing the same Maine communities multiple times. As such, the following criteria were established to identify potential organizations to collaborate with and use aspects of their research:

- The outside organization is agreeable to sharing their needs assessment information, both published reports and any additional data collected.
- For assessments in process or results that will not be completed on time, the outside organization is agreeable to sharing their work in progress.
- The needs assessment is less than two years old.
- The content of the assessment is similar enough to the Maine Shared CHNA for integration of results into Maine Shared CHNA reports.
- All reports/assessments used will be given attribution and referenced in the Maine Shared CHNA reports.
- The organization that conducted the needs assessment is willing to engage to share their assessment process/methodology, outcomes, and any updates from when the original assessment occurred.

Using these criteria, the Maine Shared CHNA identified two other assessments to use as part of our assessment. The assessments enabled us to learn about the assets, resources, needs and challenges of the older adult population and the disability community. These assessments are the Maine State Plan on Aging Needs Assessment, prepared by the Catherine Cutler Institute University of Southern Maine for the Office of Aging and Disability Services in January 2024 and Disability Rights Maine's "I Don't Get the Care I Need:" Equitable Access to Health Care for Mainers with Disabilities published in Spring 2023.

Focus Groups

Using the criteria listed above, the Maine Shared CHNA ultimately identified the following populations for community engagement through state level focus groups. The listing also includes the number of participants for each focus group:

- Statewide Focus Group Participants: 31 (total)

- Multigenerational Black / African American: 12
- Veterans: 7
- LGBTQ+: 5
- Women: 1
- Youth: 3
- Young Adults: 3

As part of the Community Services Block Grant reporting, the Community Action Agencies are required to engage directly with the communities they serve, namely those of lower income. To meet this requirement, the Maine Shared CHNA hosted local focus groups with people with low-income in each Maine County, conducting two focus groups in Aroostook, Cumberland and Penobscot Counties to account for variation in the population and geography of these counites. These focus groups also provide important information and insights to the experiences of people at the county level. The following is a list of counties with the number of participants for each of the counties' focus groups.

- County Focus Group Participants: 93 (total)
  - Androscoggin: 5
  - Aroostook: 12
  - Cumberland: 19
  - Franklin: 4
  - Hancock: 3
  - Kennebec: 3
  - Knox: 6
  - Lincoln: 2
  - Oxford: 10
  - Penobscot: 10
  - Piscataquis: 1
  - Sagadahoc: 0
  - Somerset: 7
  - Waldo: 3
  - Washington: 3
  - York: 5

Key Informant Interviews

The Maine Shared CHNA completed 25 key informant interviews to gather in-depth insights from individuals with specialized knowledge or experience relevant to community health and well-being issues. These interviews involved engaging stakeholders, including health care providers, community leaders, and community-based organization representatives, to discuss their perspectives on local health and well-being needs, barriers to achieving optimal health and well-being, and potential solutions. The findings from key informant interviews may be combined when similar themes exist.

Key informant interviews help identify priority health and well-being concerns, assess the effectiveness of existing services, and uncover gaps in resources. This information is crucial for developing targeted interventions and strategies that address the unique needs of the community, ensuring that any resulting action plans are informed by local expertise and grounded in real-world experiences.

The following is a list of organizations that participated in the key informant interviews.

- Alliance for Addiction and Mental Health Services
- Children's Oral Health Network
- Community Caring Collaborative
- Disability Rights Maine
- Governor's Office of Policy Innovation and the Future
- Leadership Education in Neurodevelopmental & Related Disabilities
- Maine Center for Disease Control and Prevention
- Maine Children's Alliance
- Maine Conservation Alliance
- Maine Council on Aging
- Maine Emergency Management Agency
- Maine Housing
- Maine Mobile Health Program
- Maine Prisoner Re-Entry Network
- Mid-Coast Veterans Council
- Moving Maine
- Unified Asian Communities
- Volunteers of America Northern New England

Statewide Community Survey

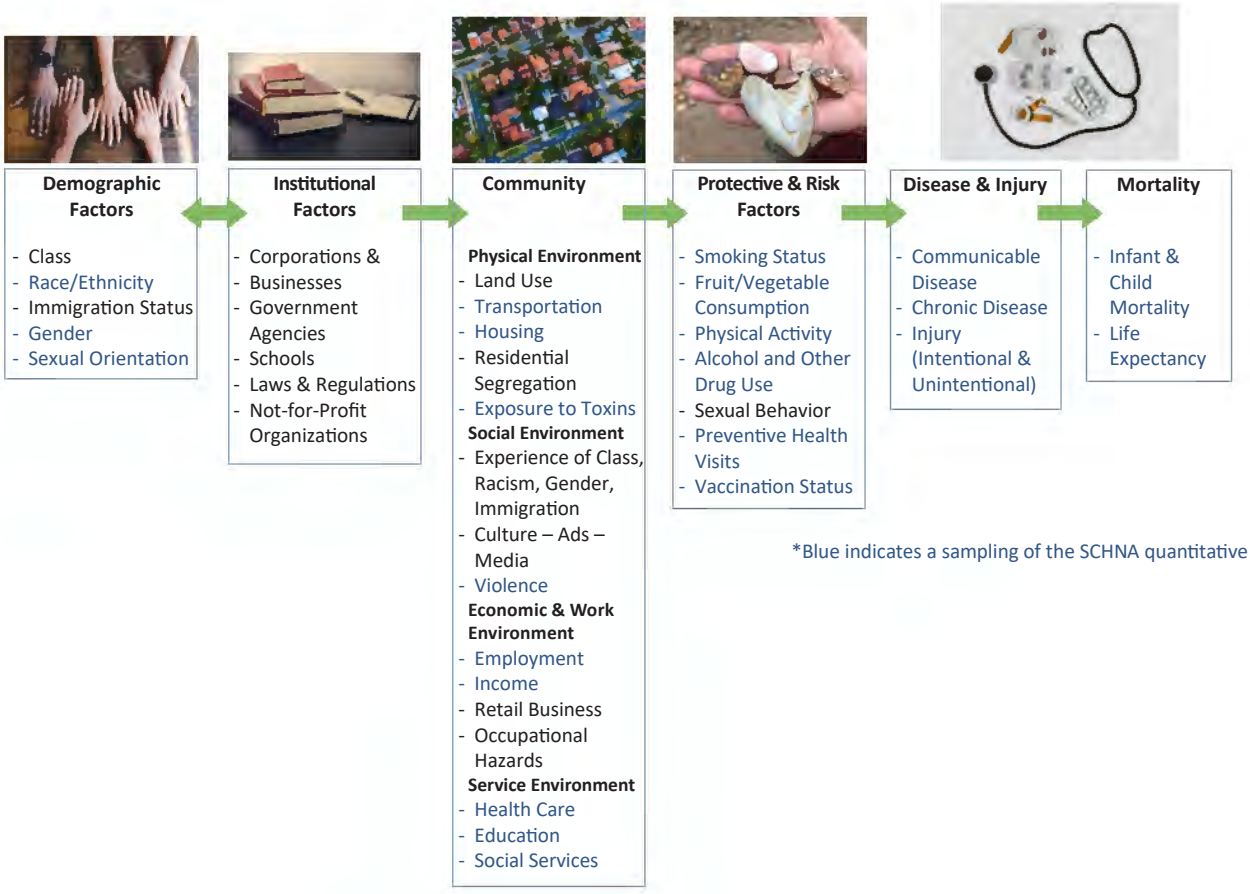
The Maine Shared CHNA also conducted a statewide, community survey on health and well-being. The survey was developed in collaboration by a small working group comprised of members of the Community Engagement and Metrics Committees, the Maine Shared CHNA Program Manager, and Crescendo Consulting Group, with final approval by the Steering Committee. The survey was translated and made available in eight languages: Arabic, Chinese, English, French, Lingala, Portuguese, Somali, and Spanish. It was distributed statewide with assistance from Maine Shared CHNA partners via multiple methods including newsletters, flyers, listservs, announcements, and social media (materials were available in formats compatible with Facebook and Instagram). Flyers and social media content were available in the eight languages of the survey. The survey was available electronically via SurveyMonkey and in paper format. The survey was open to anyone living in Maine and respondents were asked to complete 40 questions related to the local resources and strengths of their communities and their own health and well-being and that of those who live in their community. The survey was not weighted and should not be considered a representative sample of the Maine Population or of sub-populations within Maine.

3,967 people completed the survey providing their insights on the health and well-being status, community assets, and social concerns. The majority of surveys were completed in English (98%), 1% were in Chinese and less than .5% were completed in French, Spanish, Arabic, Lingala, Portuguese, and Somali.

Bay Area Regional Health Inequities Initiative (BARHII) Framework

The impact of upstream factors on health and well-being continues to draw awareness and be incorporated into assessments and improvement planning as critical components of a person's ultimate health and well-being. Upstream factors of health are the social, institutional and community conditions that impact health and well-being and can be used to promote quality of life and prevent poor health and well-being outcomes – the downstream factors of health. The Maine Shared Community Health Needs Assessment based this cycle's assessment and health and well-being prioritization process on an adapted version of the Bay Area Regional Health Inequities Initiative (BARHII) Framework[xi] (Figure 1). The BARHII Framework explains the connections between upstream factors on health and well-being outcomes and focuses attention on measures which have not characteristically been within the scope of public health epidemiology.[xii] Use of this framework enables a greater connection to the work of the Maine Shared CHNA's newest partner, the Maine Community Action Partnership, and the varying levels within which all of the collaborative and community partners of the Maine Shared CHNA can potentially have an impact. Additionally, it provides a framework with which to group the myriad health and well-being topics our community members and stakeholders are asked to share insight on and prioritize within their counties. Instead of comparing all of the health and well-being topics against each other, this Maine Shared CHNA aimed to prioritize topics within their best fit categories, while recognizing the interconnections upstream and downstream factors have with each other. In this way, the Maine Shared CHNA hopes to convey how the health and well-being priorities are related and influence one another, shedding light on potential opportunities for collaboration and cross sector work.

Figure 1: Bay Area Regional Health Inequities Initiative Framework (adapted)



Stakeholder Forums

Seventeen forums were conducted in each of Maine's Counties, with two held in Cumberland County. These forums were organized by Local Planning Teams, including the development of invitation lists. The aim of the invitation method was to include a broad and equal array of diverse sectors and voices, specifically those who are required as part of the signatory partners reporting and accreditation standards. Community members were not necessarily included in the forums this cycle as their voices were captured through other community engagement methods. Five of the forums were conducted virtually and 12 were conducted in-person. Each forum used the same methodology, including pre-forum voting on the top 15 health and well-being priorities for their county – five in each category: community conditions, protective & risk factors, and health conditions & outcomes -; a presentation of key findings and voting results and accompanying breakout to discuss those findings; a second round of prioritization voting to narrow the priorities to the top 3 in each category; and iterative breakout discussions to dive deeper into each priority – it's causes, collaborations, populations impacted, and assets and resources. Crescendo Consulting Group summarized the voting results and discussions in key forum findings documents for use in developing each county's Maine Shared CHNA report. The key findings are from a point in time discussion based on the expertise and opinions of those who participated in the forum, which is not necessarily representative of any county, community, or sector as a whole.

One virtual stakeholder forum was held in York County on October 28, 2024, with 25 attendees. People from the following organizations participated in the forum process:

- Fair Tide
- Heart of Biddeford
- Kennebunk Savings
- Maine Center for Disease Control and Prevention
- MaineHealth
- Mainspring Collective
- MedHelp Maine
- Partners for Healthier Communities Coalition
- Pinetree Institute
- Sanford-Springvale YMCA
- Senator Collins York County Representative
- University of New England/Coastal Healthy Communities Coalition
- United Way of Southern Maine
- University of New England
- Waypoint
- York County Community Action Corporation
- York High School Special Education Teacher/Case Manager
- York Hospital

Reporting

The Maine Shared CHNA assessment reports will be used to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals, the Public Health Accreditation Board (PHAB) requirements for state and local public health departments, and the Community Services Block Grant (CSBG) requirements for Community Action Agencies (CAAs). The next steps include:

- For hospitals, create an informed implementation strategy designed to address identified health and well-being priorities.
- For the Maine CDC and local public health departments, create an informed State Health Improvement Plan and Community Health Improvement Plans.
- For Maine CDC convened District Coordinating Councils, inform stakeholder discussions and planning at the local level, as relevant and applicable.
- For Community Action Agencies, develop informed strategic and programmatic plans to address the identified health and well-being priorities and their impact on those in poverty.

The use of these reports is also encouraged and welcomed by non-profits, community partners, academics, policymakers, businesses, and countless others to support their strategic planning, coalition building, and grant writing. The Maine Shared CHNA sought to learn who is currently working on the priorities outlined within this report and hopes the report can serve as a catalyst for deeper collaboration to improve the health and well-being of people living in Maine.

Appendix 2: Other Identified Health and Well-Being Topics

Prior to the stakeholder forums, registrants were asked to take part in a review of quantitative and qualitative data, in the form of data health profiles and community engagement overviews. Based on their interpretation of this information and their own knowledge, expertise, and experience, registrants were asked to vote on their top five health and well-being priorities in each of the following categories: community conditions, protective and risk factors, and health conditions and outcomes. This priority identification was the first step in the overall Maine Shared CHNA health and well-being prioritization process. The complete results are depicted in the table below.

Table 1: Complete Results of the First Round of Health and Well-Being Prioritization

Community Conditions	# Votes	% of Participants
Housing (such as housing availability and affordability, costs associated with home ownership or renting, costs of utilities)	19	95.0%
Transportation (such access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	15	75.0%
Poverty (such as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, ALICE thresholds)	10	50.0%
Provider Availability (such as availability of primary care physicians, dentists, psychiatrists, and mental health providers, access to mental health treatment, access to drug and alcohol treatment, caregiving, and prenatal care)	9	45.0%
Childcare (such as access to childcare, quality of childcare, affordability of childcare, etc.)	6	30.0%
Built Environment (such as crosswalks, sidewalks, universal access, bike lanes, access to parks and green spaces etc.)	5	25.0%
Food (such as access to food, quality of food, food costs, culturally competent food options, etc.)	5	25.0%
Employment Opportunities	5	25.0%
Wage Gaps and Income Disparities	4	20.0%
Timeliness of Healthcare and Social Services (such as wait times for an appointment, inability to easily access providers to ask questions, inability to get care when you need it, etc.)	4	20.0%
Climate Impacts (such as extreme weather events)	3	15.0%
Education (such as pre-K through post-secondary and technical/trade opportunities)	3	15.0%
Environmental Exposures (such as tobacco smoke, arsenic, PFAS, lead and radon exposure)	2	10.0%
Technology (such as access to high-speed internet and phone services)	2	10.0%
Opportunities for Community Involvement (such as activities for seniors and youth, volunteer opportunities, etc.)	2	10.0%
Aging Related Services (such as long term care, assisted living access, and in-home care support services)	2	10.0%
Isolation	1	5.0%
Civic Engagement	1	5.0%
Stigma Around Accessing/Accepting Help, Services, or Treatment	1	5.0%
Provider Consistency (such as low turnover rates and ability to develop a long-term provider/ patient relationship)	1	5.0%

Protective and Risk Factors	# Votes	% of Participants
Physical Activity (such as met aerobic guidelines, screen time, sedentary lifestyle)	10	50.0%
Nutrition (such as fruit and vegetable consumption, soda/sports drink consumption)	10	50.0%
Adverse Childhood Experiences	10	50.0%
Illicit Drug Use	10	50.0%
Adult Screening & Preventative Visits (such as annual well visits, cholesterol checked, A1c checked, eye exams)	9	45.0%
Child/Youth Screening & Preventative Visits (such as annual well visits, developmental screening, child preventative visits)	8	40.0%
Youth Mattering (such as positive role models, community connections, etc.)	6	30.0%
Tobacco Use (including e-cigarettes and MaineQuit Link users)	5	25.0%
Cannabis Use	4	20.0%
Alcohol Use (including binge drinking)	4	20.0%
Vaping Use (including tobacco and cannabis)	4	20.0%
Prescription Drug Misuse	4	20.0%
Other (please specify): Poor mental health; Access to unaffordable prescription medications	3	15.0%
Cancer Prevention (such as cancer screenings, sunscreen use)	2	10.0%
Immunizations & Vaccinations	2	10.0%
Preventive Oral Health Care	1	5.0%
Foster Care	1	5.0%
Access to Child and Family Home Visiting	1	5.0%
Birth control use (including general use rates, knowledge of options, access, affordability, etc.)	1	5.0%
Indoor Air Quality	1	5.0%

Health Conditions and Outcomes	# Votes	% of Participants
Mental Health (such as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, post-partum depression)	18	90.0%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning)	15	75.0%
Cardiovascular Disease (such as high blood pressure, high cholesterol, heart attack, stroke)	10	50.0%
Obesity/Weight Status	10	50.0%
Cognitive Decline, Alzheimer's disease and other dementias	9	45.0%
Cancer	7	35.0%
Diabetes	6	30.0%
Intentional Injury & Death (self-injury)	4	20.0%
Special Health Care Needs (those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by people generally)	4	20.0%
Multiple Chronic Conditions	4	20.0%
Pregnancy and Birth Outcomes (such as c-sections, low birth weight, pre-term births, teen pregnancy, infant mortality)	3	15.0%
Infectious Respiratory Disease (such as pertussis, tuberculosis, pneumonia, COVID)	3	15.0%
Non-Infectious Respiratory Disease (such as asthma, COPD)	1	5.0%
Dental Disease	1	5.0%
Other (please specify): Health inequities resulting from cost-related medication nonadherence	1	5.0%

After a presentation of key quantitative and qualitative findings and breakout discussions, participants were asked to take part in a second round of voting to narrow the health and well-being priorities for their county to the top three in each category of community conditions, protective & risk factors, and health conditions & outcomes. The complete results are depicted in the table below.

Table 2: Complete Results of the Second Round of Health and Well-Being Prioritization

Community Conditions	# Votes	% of Participants
Housing (such as housing availability and affordability, costs associated with home ownership or renting, costs of utilities)	16	94.1%
Poverty (such as individuals and children living in poverty, unemployment, asset poverty, Head Start eligibility, ALICE thresholds)	11	64.7%
Provider Availability (such as availability of primary care physicians, dentists, psychiatrists, and mental health providers, access to mental health treatment, access to drug and alcohol treatment, caregiving, and prenatal care)	10	58.8%
Transportation (such as access to transportation, availability of public transportation, transportation that meets a variety of specific needs)	6	35.3%
Financial Health	4	23.5%
Access to care, provider availability, high prescription cost	3	17.7%
Childcare (such as access to childcare, quality of childcare, affordability of childcare, etc.)	1	5.9%
Protective and Risk Factors	**# Votes**	**% of Participants**
Adverse / Positive Childhood Experiences	13	76.5%
Physical Activity (such as met aerobic guidelines, screen time, sedentary lifestyle)	12	70.6%
Nutrition (such as fruit and vegetable consumption, soda/sports drink consumption)	10	58.8%
Illicit Drug Use	10	58.8%
Adult Screening & Preventative Visits (such as annual well visits, cholesterol checked, A1c checked, eye exams)	6	35.3%
Health Conditions and Outcomes	**# Votes**	**% of Participants**
Mental Health (such as depression, anxiety, sad/hopeless, suicide, depression during pregnancy, post-partum depression)	17	100.0%
Substance Use Related Injury & Death (such as drug affected infant reports, overdose, opiate poisoning)	12	70.6%
Cardiovascular Disease (such as high blood pressure, high cholesterol, heart attack, stroke)	8	47.1%
Obesity/Weight Status	7	41.2%
Cognitive Decline, Alzheimer disease and other dementias	3	17.7%
Cancer	3	17.7%

Appendix 3: Community Action Agency Profile

About York County Community Action Corporation

York County Community Action Corporation (YCCAC) was incorporated in 1965 in response to the Economic Opportunity Act of 1964. Since then, York County communities have counted on YCCAC to provide opportunity and hope to people from all circumstances, particularly in times of transition or adversity.

Over time, we have added to our services to meet the changing demands in our communities, but our approach remains the same: We are driven by the belief that when our communities are strong, all of its members have opportunities to thrive— and, in turn, that when an individual achieves personal success and independence, our communities grow healthier, stronger, and more vibrant.

Services Offered by YCCAC

York County Community Action Corporation offers a variety of programs and services designed to address poverty through a two-pronged approach that, first, stabilizes a household in crisis and then supports the household's progress toward long-term health and economic well-being. Our work is built around providing economic opportunities through the provision of comprehensive health care, education, nutrition, and community engagement. We believe each and every individual who walks through our doors holds within themselves the potential to achieve self-defined goals, and that we are here to provide the tools and resources to break down barriers along the way.

YCCAC's approach reflects a Social Drivers of Health framework, which looks at households' social, economic, and environmental conditions as both agents of cause as well as demonstrations of the impacts of poverty that limit people's chances at upward mobility, health, and well-being. YCCAC provides Head Start and Early Head Start, WIC, fuel assistance, weatherization, outreach services, financial coaching and free tax prep, and transportation. We also operate a federally-qualified health center with medical, dental and behavioral health care. Annually, YCCAC provides services to 20,000 residents of York County, in keeping with our mission to alleviate the effects of poverty, attack its underlying causes, and to promote the dignity and well-being of the people of York County, Maine.

YCCAC engages with partner organizations to broaden our reach and integrate our services to better address community needs. We continue to pursue new ways of working to enhance our capacity to be a nimble, mission-oriented and data-driven agent of change working to improve the well-being of all York County residents.

Children's Services Department

York County Community Action's Children's Services department consists of programs that support young children ages 0 – 8 and their families. There are multiple programs in this department that provide a comprehensive continuum of care that supports health, nutrition, social-emotional development, and school-readiness.

- **Head Start:** Head Start's unique approach is based on the understanding that parents are their children's first and most important teachers, and that children's capacity to thrive is largely dependent on the safety and security of their environments. In addition to their work in the classroom, Head Start teachers, family advocates, and other supportive staff work with the whole family to ensure the household's basic needs are being met, and to offer tools to parents to engage with their children and promote school-readiness at home.

  The program is designed to target children and families in greatest need, including families who are homeless, children in foster care and children who have one or more diagnosed disability. Head Start serves children ages 3 – 5, while Early Head Start serves children six weeks – age 3.

- **Women, Infants and Children (WIC):** Women, Infants and Children (WIC) supports pre-natal mothers and children from birth to age five through a number of services targeting their health and nutrition.
  - **Nutritious Foods & Education:** WIC provides families with foods that are nutritious and selected to supplement the specific dietary needs of infants and new mothers. Foods, which include cereal, fruits and vegetables rich in Vitamin-C, eggs, milk, cheese, fish, peanut butter, yogurt and beans, tofu or other soy-based products, are purchased directly from the grocery store using a voucher system. WIC also provides special infant formulas and medical foods as needed and prescribed by a physician. To support and educate families about how to prepare and identify nutritious foods, WIC offers nutrition counseling and education provided by Certified Nutrition Counselors.
  - **Breastfeeding Support:** To further support infant health, WIC promotes breastfeeding as a means to improve the nutritional status of infants. WIC encourages and supports new mothers to breastfeed by offering one-on-one support from a Breastfeeding Peer Counselor, as well as information and educational materials, breast pumps, and enhanced food packages to mothers who are breastfeeding.
  - **Screenings & Referrals:** WIC also ensures children receive all appropriate immunizations and screenings, and makes referrals for children and families who are not already enrolled in a Medical Home.

- **First4ME:** First4ME Early Care and Education Program is a two-generation framework for a coordinated birth to kindergarten-entry program which provides quality early care to support a child's school readiness, regardless of risk factors.

  The First4ME program supports multiple community child care providers and their programs so they will best be able to provide high-quality child care and education to young children in your community. The program helps to improve the quality of life for families and the quality of programing for child care providers by working closely with families, child care providers and community members to identify and address needs.

- **Whole Family Coaching:** Whole Family Coaches create opportunities to help families identify and prioritize goals with families who have young children. Whole Family Coaches utilize a strength-based approach by having participants in the driver's seat to determine what results they want to achieve. Whole Family Coaches help guide participants through that process by supporting step by step to help reach their goals.

Economic Opportunity Department

The Department of Economic Opportunity encompasses a wide range of programs and services providing education, advocacy, information and referral, and emergency financial assistance to households in need. The following programs and services fall within the purview of Economic Opportunity:

- **Community Outreach:** Community Outreach is the broadest-reaching program at YCCAC. For many new clients, Outreach is the first stop, where an Outreach Worker will conduct an initial assessment of an individuals' needs and assets (e.g. a working vehicle, employment, receipt of income supports/benefits, health insurance, etc.), and then help the client access additional supports to alleviate a crisis, or work toward a long-term goal. Outreach Workers are the "resource gurus" of the agency, who tap into their vast knowledge of available services and employ motivational interviewing and coaching techniques to stabilize households in crises and support them to become financially self-sufficient.

- **Housing Navigation:** Housing Navigators work with families with children under age 18 to provide housing navigation services. This includes understanding a family's current living situation, their income resources, past housing experiences, current needs, and assessing a plan for stability once housed. Housing Navigators work internally with all programs at YCCAC to receive referrals, as well as many community partners and landlords. They work based on best match for housing and long-term stability.

- **Homebuyer Education:** YCCAC's 10-hour Homebuyer Education classes and follow-up counseling are designed to equip first-time homebuyers with information and guidance to weigh the pros and cons of homeownership, assess their readiness, develop a manageable budget, choose and qualify for the right mortgage program, build and maintain equity and credit, and understand the buying process, including insurance, inspections and closing. The course curriculum was developed by hoMEworks, a Maine-based consortium of lenders and real estate professionals. Classes are traditionally offered online (via Zoom) and in-person by our Home Ownership Education Coordinator.

- **Homeless Response Hub Coordination:** YCCAC is the Region 1 Homeless Hub Coordinator sponsored agency. The Hub Coordinator supports the implementation and maintenance of the statewide Hub collaborative work. The Homeless Hub works with the Statewide Homeless Council, the Maine Continuum of Care, and MaineHousing to coordinate homeless planning efforts.

  The Homeless Hub Coordinator convenes and facilitates collaboration among providers in our Hub service area to identify resource needs and strategize solutions, collaborates with providers to collect and organize data, and implements and manages the Coordinated Entry process in Region 1.

Energy Services Department

The Energy Services Department includes several resources to help eligible individuals and families cover the cost of home heating fuel and energy-efficiency related repairs.

- **Home Energy Assistance Program:** The (Low-Income) Home Energy Assistance Program—or LIHEAP—provides a monetary benefit one time per year to help low-income households purchase home heating fuel (including natural gas, propane, kerosene, and/or wood pellets).

- **Energy Crisis Intervention Program:** The Energy Crisis Intervention Program (ECIP) provides emergency financial assistance for home heating or for utility disconnects (for households whose heating system requires electricity to operate. Eligible applicants are individuals or households that already have a current, pre-approved LIHEAP application and have less than an eighth of a tank of fuel remaining, and who have already exhausted all payment options with their electricity providers. Eligible applicants may receive this benefit one time per heating season.

- **Electricity Lifeline Program:** Similar to ECIP, the Electricity Lifeline program provides a credit to an electric bill for eligible applicants one time per heating season.

- **Weatherization & Central Heating Improvement Program:** The Weatherization program offers a variety of services to households in need of home repairs or modifications, with the goal to install energy-saving measures that will cut down on heating and energy costs, such as insulation improvement, weather stripping and window inserts, among other provisions. The Central Heating Improvement Program (CHIP) is administered through funds provided by Maine Housing to repair or replace a malfunctioning heating system, install energy-efficient measures to cut down on energy costs, replace a leaking or non-code conforming fuel tank, or help with health or home safety repairs.

Nasson Health Care

Originally opened as the Spruce Street Health Center in 2004, Nasson Health Care currently serves more than 5,000 active patients throughout York County. Nasson's provision of care is central to YCCAC's work to promote the health, social and psychological wellness, economic stability and safety of York County residents. Nasson is York County's only Federally Qualified Health Center (FQHC), located centrally within downtown Springvale, Maine (part of the City of Sanford).

Nasson Health Care is the only Public Housing Primary Care grantee in the State, and one of only two Health Care for the Homeless grantees in Maine, positioned to serve York County's most socially-, economically-, and medically-vulnerable populations—by providing accessible, accessible primary health care.

YCCAC (with Nasson Health Care) is uniquely qualified to serve communities with high needs, as one of a handful of Community Action Agencies in the nation to also operate an FQHC. YCCAC's ongoing delivery of anti-poverty programs has imbedded it as an indispensable part of the county's social safety net, whose reach extends from the area's populous cities to the farthest

and most rural corners of its western border. YCCAC/Nasson is a trusted partner and cross-sector convener, with strong ties to York County's only general-population shelter in Alfred as well as highly-utilized day shelter in Biddeford.

- **Integrated Medical, Dental & Behavioral Health Care:** YCCAC is one of just a handful of Community Action Agencies in the nation to also operate a Federally-Qualified Health Center. Nasson is a Patient-Centered Medical Home, recognized by the National Center for Quality Assurance. As such, Nasson's comprehensive primary care, dental care and behavioral health care are fully integrated; our patients are cared for by a team of qualified providers who coordinate services and manage patients' conditions to support their overall health.

- **Care Management & Enabling Services:** For patients challenged by social determinants of health, such as inadequate housing, poverty, lack of access to nutritional food or unreliable transportation, Nasson offers a robust Nurse Care Management program to connect these patients to resources to address the conditions and circumstances that surround their physical health.

Transportation Department

Reliable transportation is a cornerstone of people's abilities to work, access resources and engage with their communities. YCCAC maximizes resources to help our neighbors and community members get where they need to go, when they need to go there.

- **Public Transportation:** YCCAC's Transportation program offers a variety of public transportation options for residents of York County. These include local rides for grocery shopping and appointments, and the Sanford Transit bus that runs daily from Springvale to South Sanford. The WAVE (which originated as "Wheels to Access Vocation and Education") does exactly what its name indicates, running from Sanford to Wells and Sanford to Biddeford with scheduled transportation to work, or education/training as well as shopping and medical appointments.

- **York County Transport & Connecting to Cancer Care:** Through its York County Transport (YCT) and Connecting to Cancer Care (CCC) programs, YCCAC Transportation also offers transit for individuals receiving cancer treatment and/or who need to get to medical or other important appointment but do not qualify for MaineCare or other program that covers this service. York County Transport/Connecting to Cancer Care services are funded through donations and grant awards from the Maine Cancer Foundation.

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Endnotes

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v Using Clear Terms to Advance Health Equity – "Social Drivers" vs "Social Determinants" | PRAPARE

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