

Cary Medical Center *and* **Pines Health Services** *Aroostook County, Maine*

2025

Community Health Needs Assessment

Approved by Board: May 12th, 2025



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Executive Summary

Cary Medical Center & Pines Health Services (“Cary & Pines” or the “Organizations”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Organizations and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the Organizations solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;
- 5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The top health priorities identified by Cary & Pines by this assessment are:

- Improve Behavioral Health Outcomes
- Increase Access to Local Healthcare Services
- Enhance Chronic Disease Prevention & Management

In the Implementation Strategy section of the report, the Organizations address these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of healthcare in the region
- Support community organizations for collaborations

CHNA Process



1 Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.



2 Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.



3 Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.



4 Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

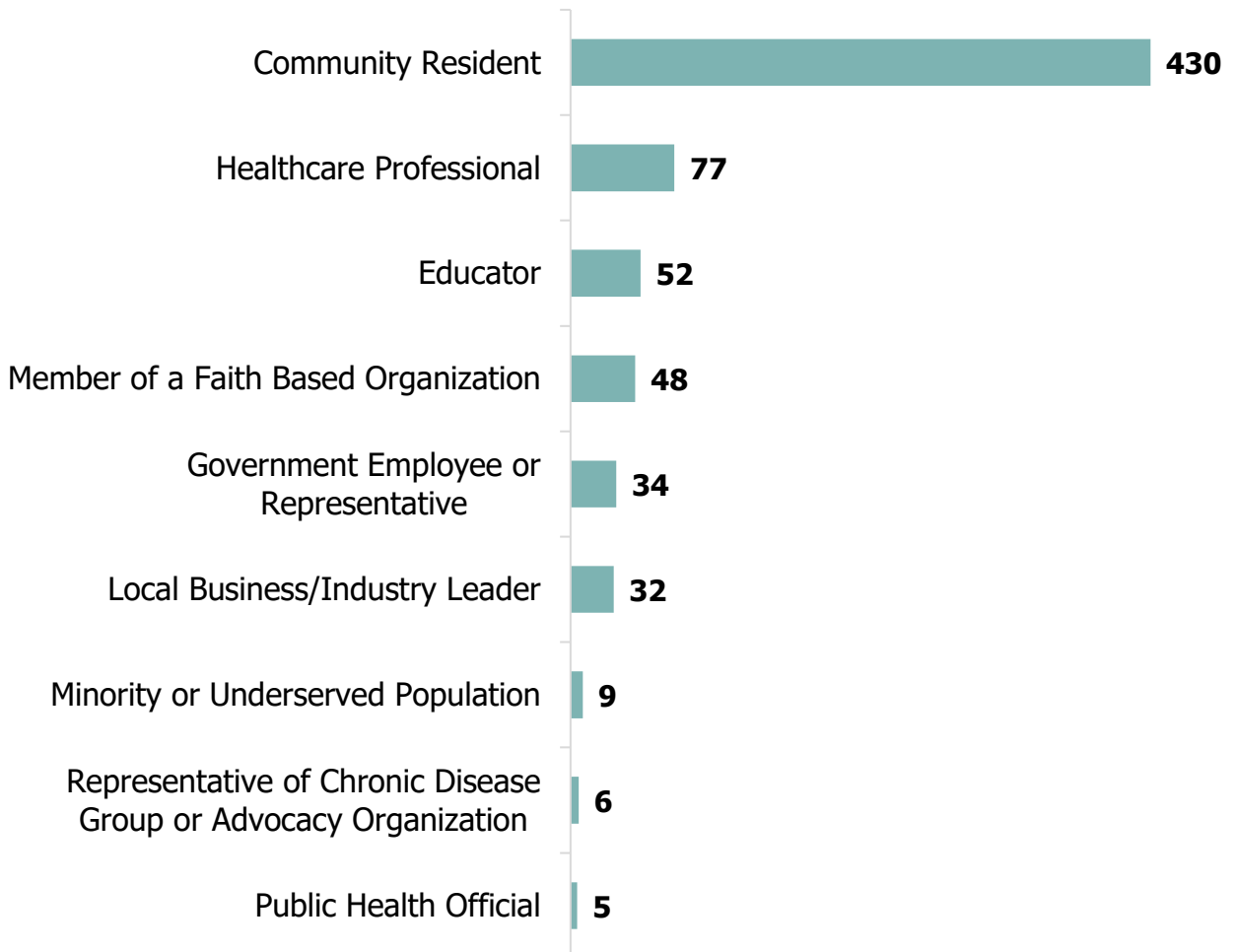
- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA
- Uniform Data Set (HRSA)
- Maine Department of Health and Human Services – Maine DHHS

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and Cary & Pines' desire to represent the region's economic and geographically diverse population. Five-hundred-seventy (570) survey responses from community members were gathered in December 2024.

Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Organizations asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

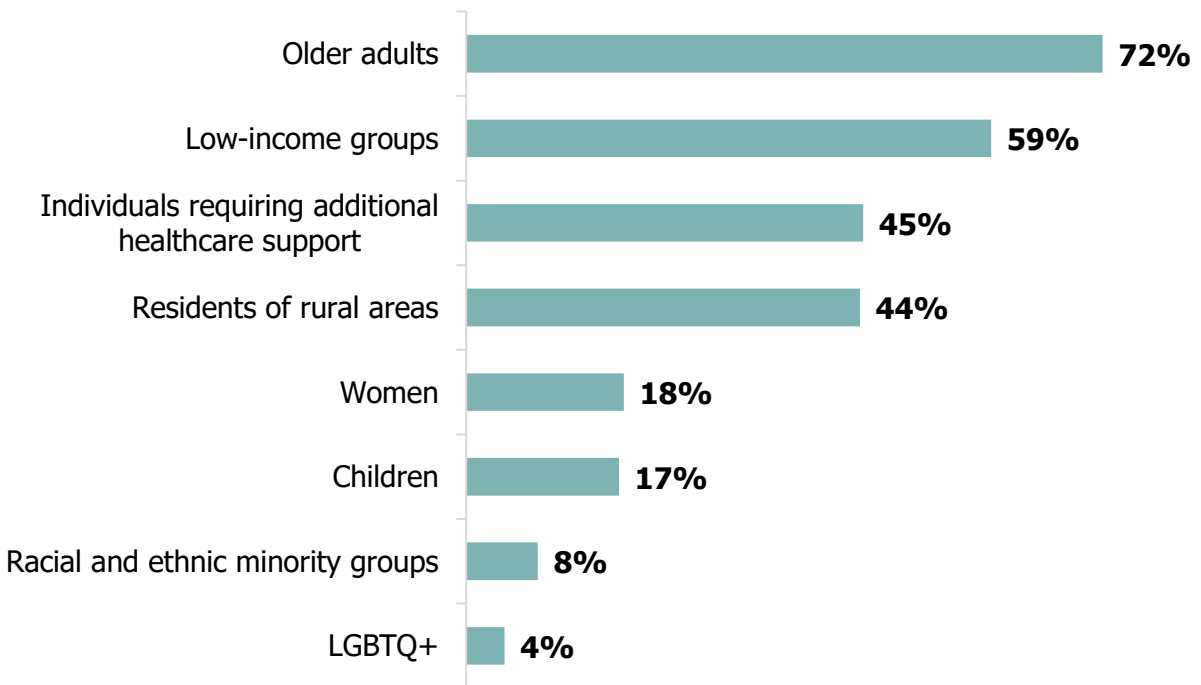
Survey Question: Please select all roles that apply to you (n=570)



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Organizations assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were older adults (65+), low-income groups, and individuals requiring additional healthcare support.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Insurance
Coverage

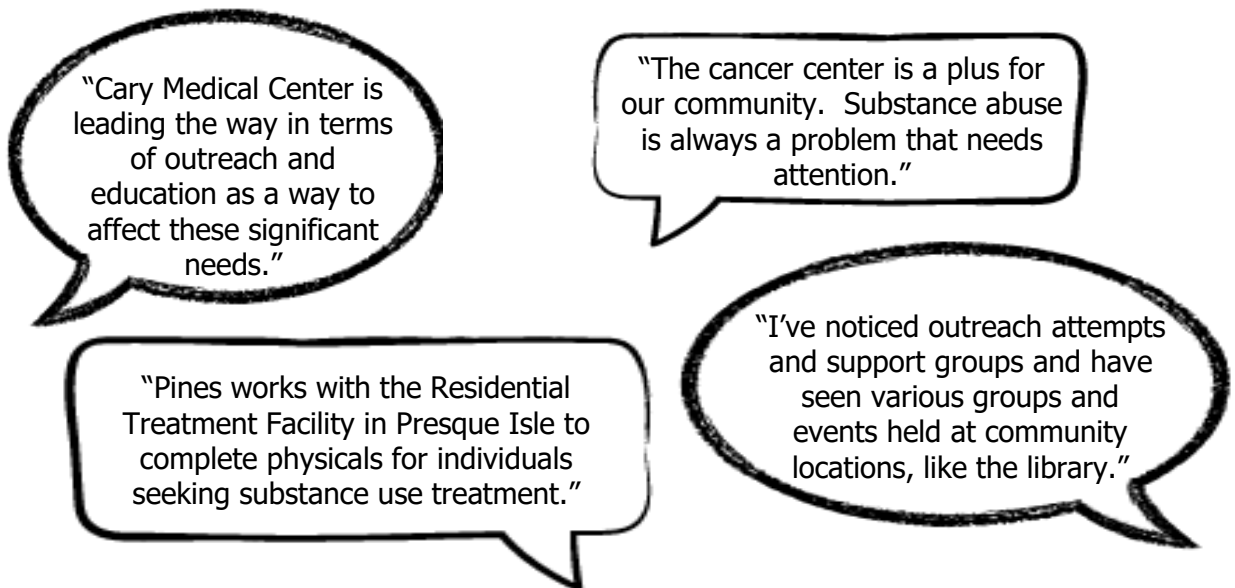
Lack of
Transportation

Access to
Specialists

Input on 2022 CHNA

The Organizations considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by Cary & Pines since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2025 CHNA are listed below, along with a selection of survey responses.

- Cancer
- Behavioral Health
- Access & Affordability
- Health Lifestyle



Impact of Actions to Address the 2022 Significant Health Needs

- Expanded access to behavioral health providers through the addition of LCSWs
- The Cary Women's Imaging Center received accreditation in mammography
- Cary utilized a grant from the Maine Cancer Foundation to promote lung cancer screening
- Cary is a certified "Age-Friendly Health System"

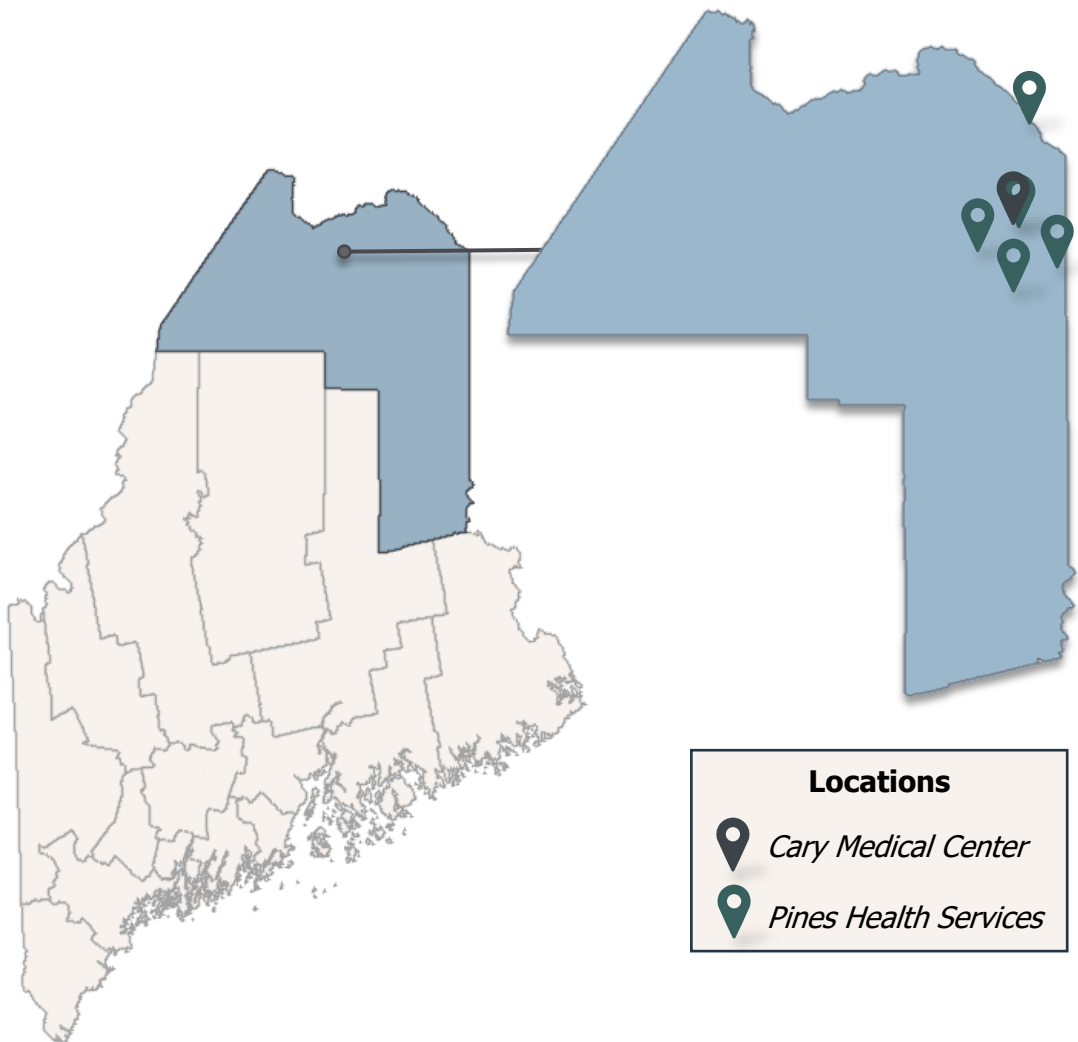
Community Served

The service area in this assessment is defined as Aroostook County, Maine. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, Cary & Pines are centrally located within Aroostook County in Caribou, Maine. There are three other Hospitals located in Aroostook County, Northern Maine Medical Center, Northern Light AR Gould Hospital, and Houlton Regional Hospital.

Service Area

Aroostook County, Maine

Total Population: **67,255**



Source: County Health Rankings 2024 Report

Service Area Demographics

| | Aroostook County | Maine |
|---|---------------------|-----------|
| Demographics | | |
| Total Population | 67,255 | 1,385,340 |
| Age | | |
| Below 18 Years of Age | 18% | 18% |
| Ages 19 to 64 | 56% | 59% |
| 65 and Older | 26% | 23% |
| Race & Ethnicity | | |
| Non-Hispanic White | 93% | 92% |
| Non-Hispanic Black | 1% | 2% |
| American Indian or Alaska Native | 2% | 1% |
| Asian | 1% | 1% |
| Native Hawaiian or Other Pacific Islander | 0% | 0% |
| Hispanic | 2% | 2% |
| Gender | | |
| Female | 50% | 51% |
| Male | 50% | 49% |
| Geography | | |
| Rural | 86% | 61% |
| Urban* | 14% | 39% |
| Income | | |
| Median Household Income | \$51,562 | \$69,485 |

Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units
Source: County Health Rankings 2024 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



570 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



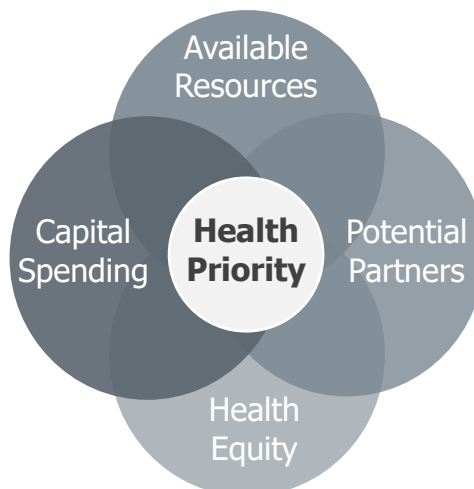
Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the survey, each respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Organizations analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

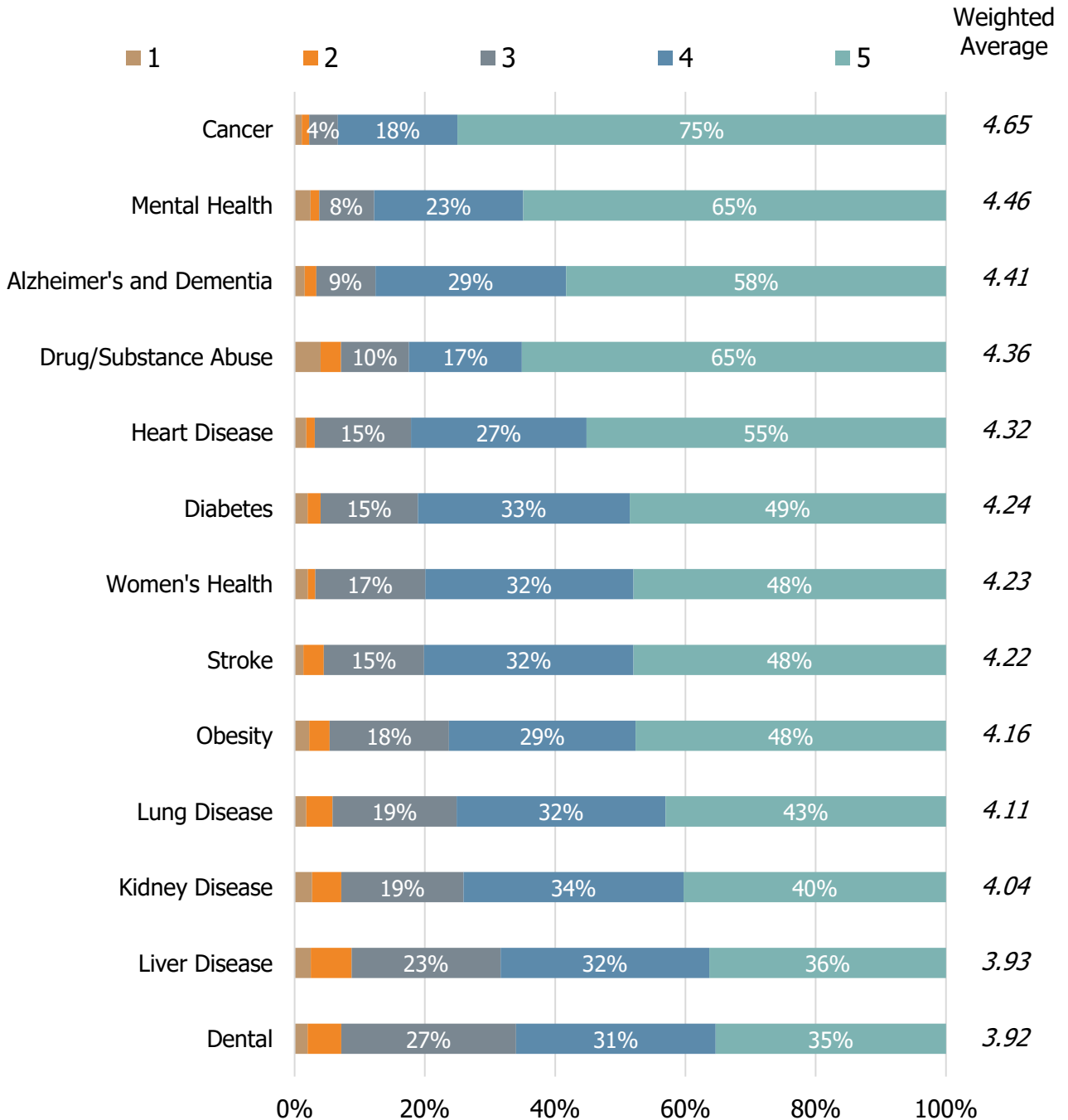
The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

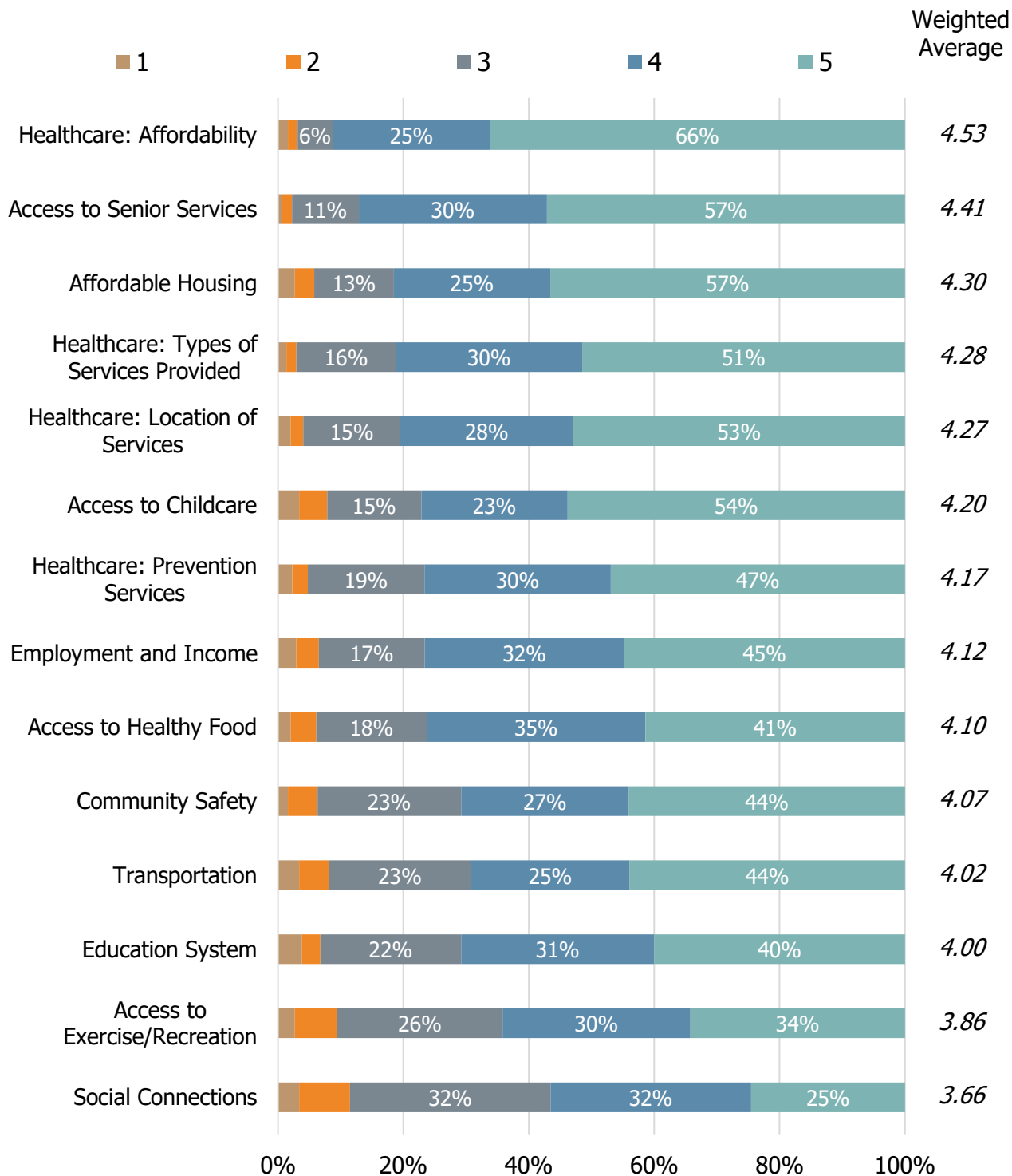
Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



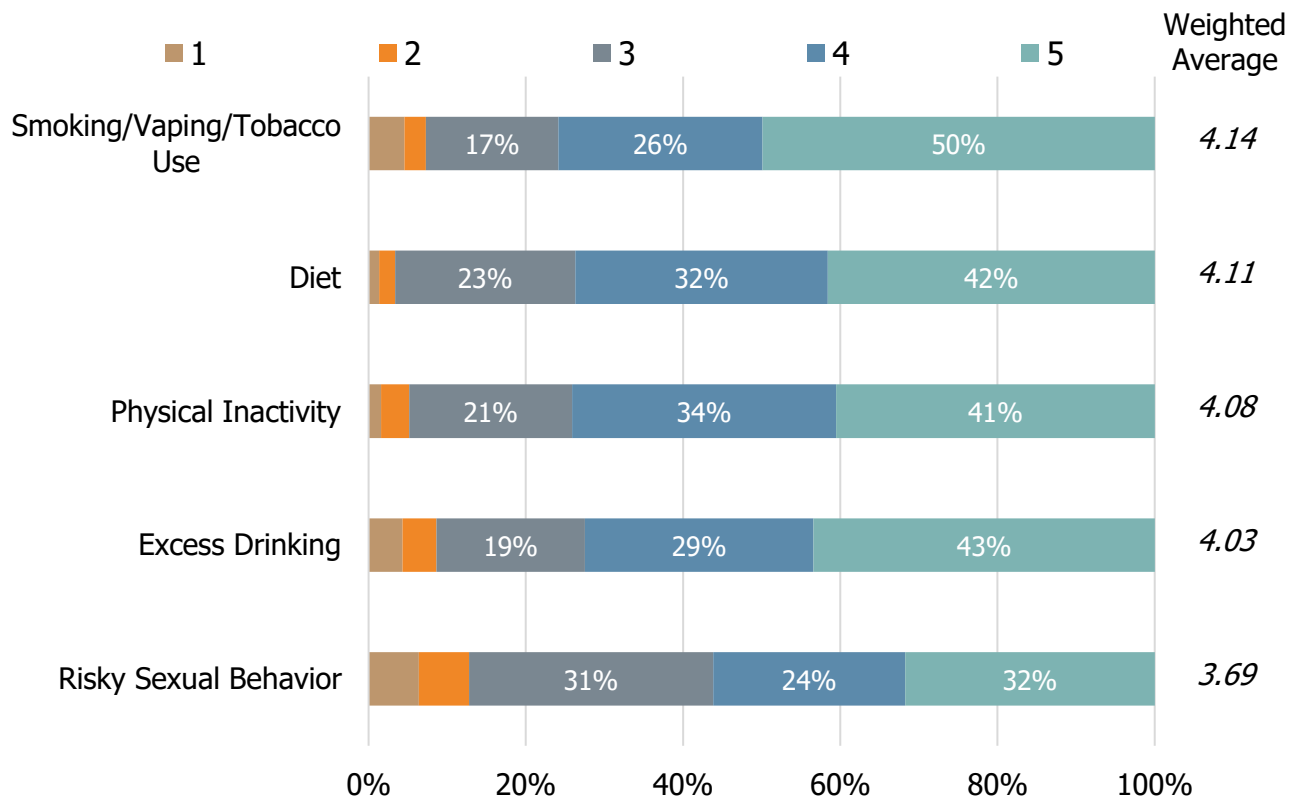
Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).



Overall Health Priority Ranking (Top 10 Highlighted)

| Health Issue | Weighted Average (out of 5) | Combined 4 (Important) and 5 (Extremely Important) Rating |
|--|-----------------------------|---|
| Cancer | 4.65 | 93.4% |
| Healthcare: Affordability | 4.53 | 91.3% |
| Mental Health | 4.46 | 87.8% |
| Alzheimer's and Dementia | 4.41 | 87.6% |
| Access to Senior Services | 4.41 | 87.1% |
| Drug/Substance Abuse | 4.36 | 82.4% |
| Heart Disease | 4.32 | 82.1% |
| Affordable Housing | 4.30 | 81.5% |
| Healthcare: Types of Services Provided | 4.28 | 81.2% |
| Healthcare: Location of Services | 4.27 | 80.5% |
| Diabetes | 4.24 | 81.1% |
| Women's Health | 4.23 | 80.0% |
| Stroke | 4.22 | 80.1% |
| Access to Childcare | 4.20 | 77.1% |
| Healthcare: Prevention Services | 4.17 | 76.7% |
| Obesity | 4.16 | 76.3% |
| Smoking/Vaping/Tobacco Use | 4.14 | 75.9% |
| Employment and Income | 4.12 | 76.6% |
| Lung Disease | 4.11 | 75.1% |
| Diet | 4.11 | 73.7% |
| Access to Healthy Food | 4.10 | 76.2% |
| Physical Inactivity | 4.08 | 74.1% |
| Community Safety | 4.07 | 70.8% |
| Kidney Disease | 4.04 | 74.1% |
| Excess Drinking | 4.03 | 72.5% |
| Transportation | 4.02 | 69.2% |
| Education System | 4.00 | 70.8% |
| Liver Disease | 3.93 | 68.4% |
| Dental | 3.92 | 66.0% |
| Access to Exercise/Recreation | 3.86 | 64.2% |
| Risky Sexual Behavior | 3.69 | 56.2% |
| Social Connections | 3.66 | 56.5% |

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Aroostook County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report, with trended data included where available. Full data sources and limitations are outlined in the report's appendix. A scorecard that compares the population health data of Aroostook County to that of Maine can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #3 community-identified health priority with 88% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Aroostook County is 14.7 which is lower than the Maine average (CDC Final Deaths 2022).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

| | Aroostook County | Maine |
|--|------------------|-------|
| Suicide Mortality Rate per 100,000 (2022) | 14.7 | 19.5 |
| Poor Mental Health Days past 30 days (2021) | 5.3 | 5.2 |
| Population per 1 Mental Health Provider (2023) | 155:1 | 184:1 |
| Depression, Lifetime (2019-2021) | 21% | 23% |
| Anxiety, Lifetime (2019-2021) | 25% | 24% |

Source: CDC Final Deaths, County Health Rankings 2024 Report, Maine DHHS

Drug, Substance, and Alcohol Use

Drug/substance abuse was identified as the #6 priority with 82% of survey respondents rating it as an important factor to address in the community. Additionally, 73% of respondents think excessive drinking and 76% believe that smoking and tobacco use are major issues in the community.

Aroostook County has a lower rate of drug overdose deaths compared to the state. The county's rate of excessive drinking is lower than Maine's (14% and 20% respectively) though its smoking rate is higher (22% and 17% respectively).

| | Aroostook County | Maine |
|--|------------------|-------|
| Overdose Deaths Per 100,000 (2023) | 56.0 | 43.3 |
| Alcohol-Induced Deaths Per 100,000 (2018-2022) | 12.9 | 18.6 |
| Excessive Drinking (2021) | 14% | 20% |
| Alcohol-Impaired Driving Deaths (2017-2021) | 33% | 33% |
| Adult Smoking (2021) | 22% | 17% |
| Past-30-Day Marijuana Use – Adults (2021) | 15% | 21% |

Source: County Health Rankings 2024 Report, Maine DHHS

Chronic Diseases

Cancer

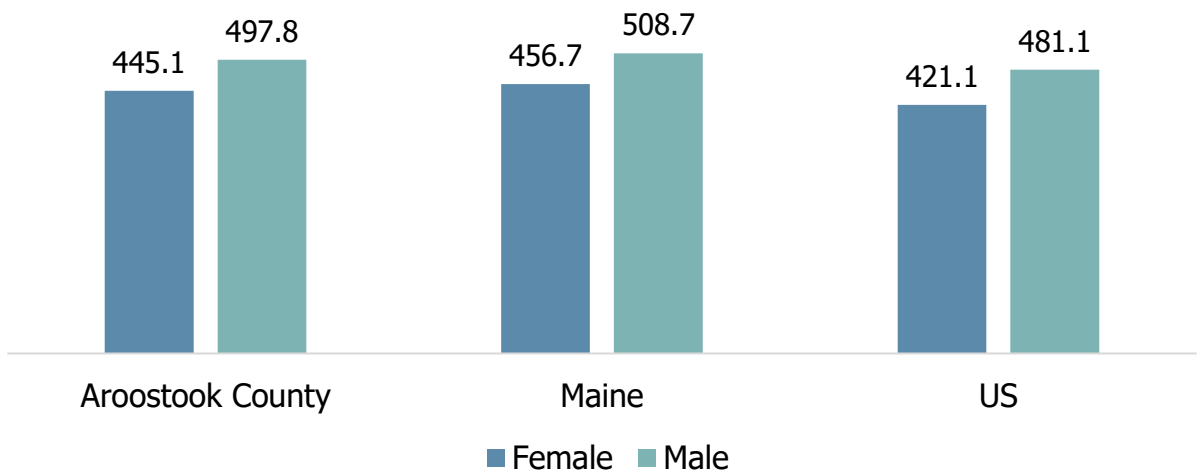
Cancer was identified as the #1 community health issue with 93% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Aroostook County (CDC Final Deaths). Additionally, 36% of survey respondents said they would like to see additional access to cancer care in Aroostook County.

While Aroostook County has a higher cancer mortality rate than Maine, the cancer incidence rate is lower in the county compared to the state. A higher cancer mortality rate with a lower incidence rate suggests late diagnoses or limited access to quality care. This pattern often indicates barriers to early detection and treatment, particularly in underserved communities. When looking across genders, men have higher incidence rates of cancer compared to women. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

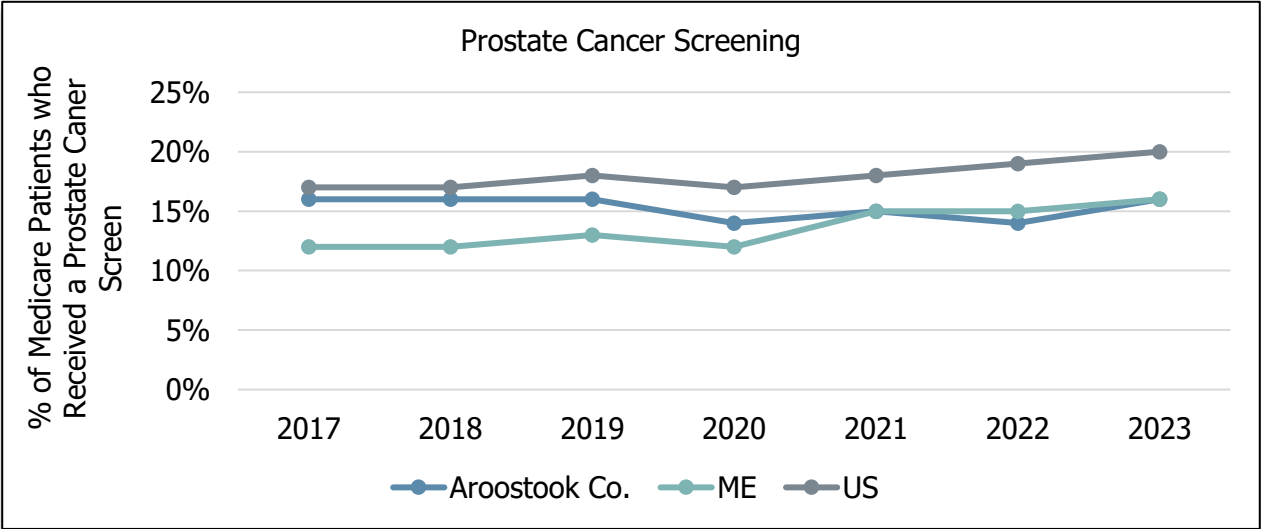
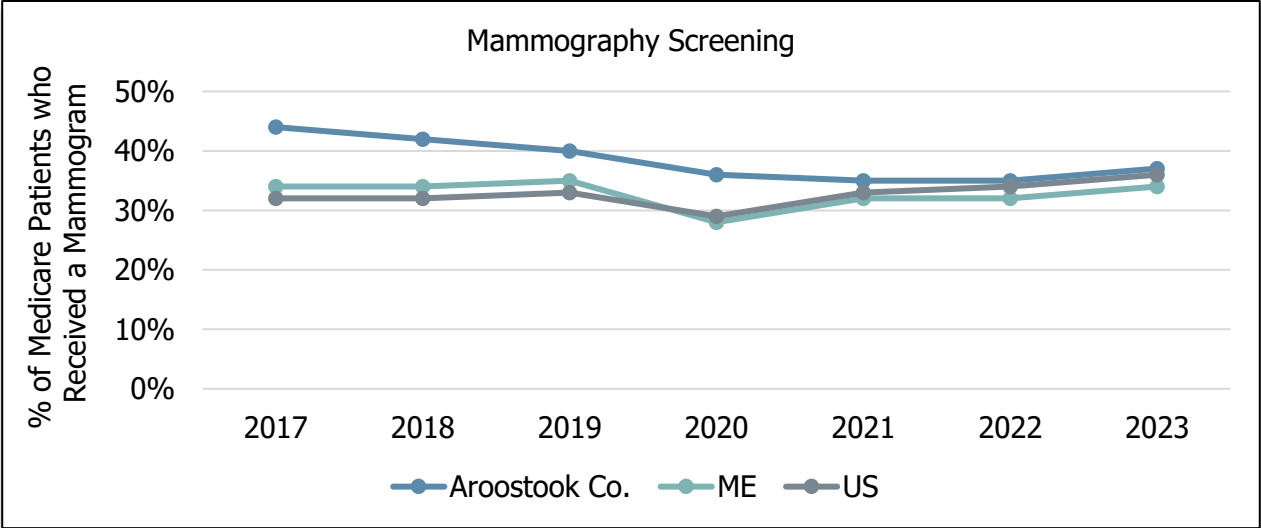
| | Aroostook County | Maine |
|--|------------------|-------|
| Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021) | 466.1 | 476.9 |
| Cancer Mortality Rate per 100,000 (2022) | 186.6 | 161.3 |

Source: CDC, National Cancer Institute

Cancer Incidence Rates by Gender (*per 100,000*)



The rate of Medicare enrollees (women age 65+) in Aroostook County who have received a mammogram in the past year is slightly higher than the Maine and US averages. These rates have been slowly decreasing over the past decade with a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Aroostook County has had a similar prostate cancer screening rate as the state with rates stable in recent years.

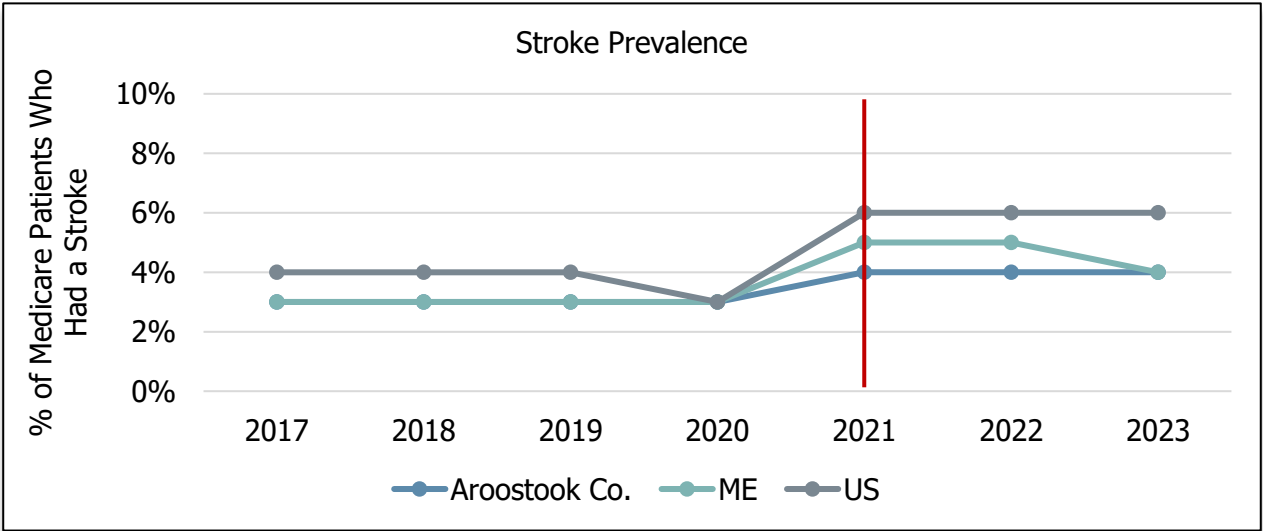
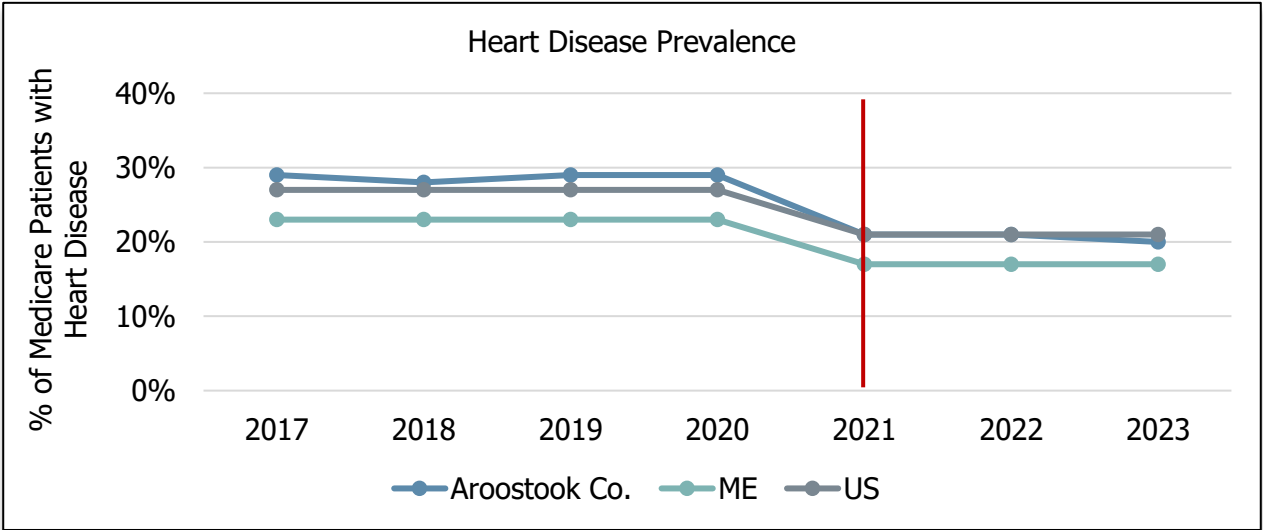


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Aroostook County and the county has a mortality rate higher than the state (197.5 compared to 168.4 per 100,000 respectively). Stroke is the 5th leading cause of death in Aroostook County with a mortality rate of 43.4 per 100,000 compared to 32.5 in the state (CDC Final Deaths).

In the Medicare population, Aroostook County has a higher prevalence of heart disease than Maine while the prevalence of stroke is the same as the state. In the community survey, 49% of respondents said they would like to see more cardiology services available in Aroostook County.



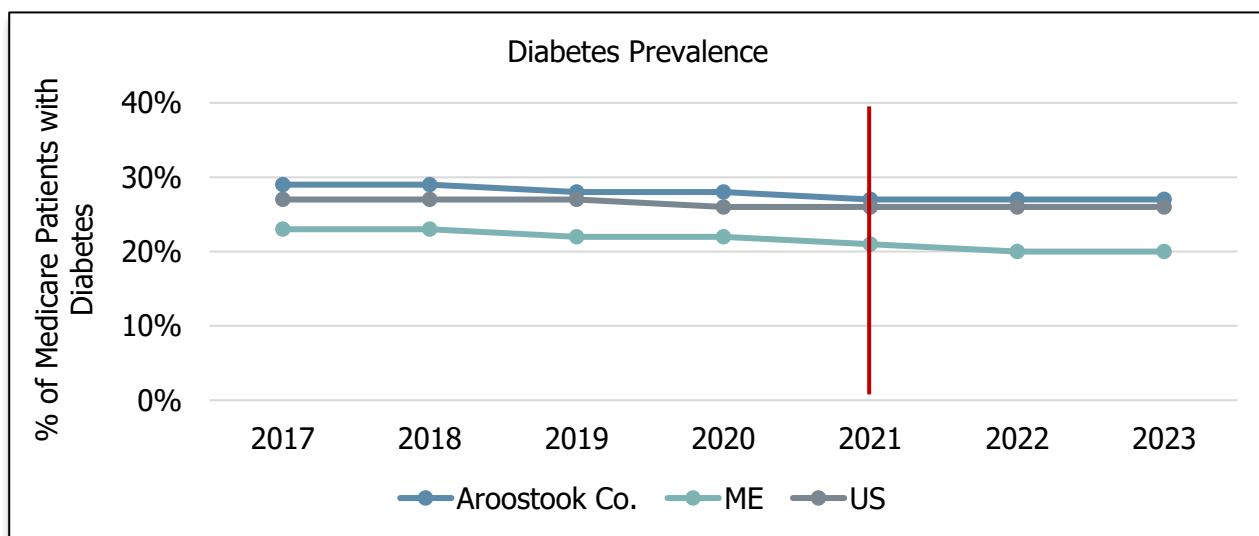
Note: There was a change in the algorithm of reported data in 2021 noted by a red bar
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Aroostook County is higher than in Maine while the county sees a diabetes mortality rate similar to the state average (CDC Final Deaths). When evaluating the Medicare population, Aroostook County has a higher prevalence of diabetes compared to the state and rates have been stable over the past decade.

| | Aroostook County | Maine |
|---|------------------|-------|
| Diabetes Mortality Rate per 100,000 (2022) | 26.9 | 27.0 |
| Diabetes Prevalence (2019-2021) | 14% | 10% |
| Diabetes Hospitalizations per 100,000 (2019-2021) | 16.7 | 12.3 |

Source: CDC Final Deaths, Maine DHHS



Note: There was a change in the algorithm of reported data in 2021 noted by a red bar

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Aroostook County, adults have higher rates of obesity than in Maine on average. Additionally, the county sees higher rates of physical inactivity than the state, as well as lower rates of access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases (American Diabetes Association).

| | Aroostook County | Maine |
|---|------------------|-------|
| Adult Obesity (2021) | 40% | 32% |
| Adults Overweight (2021) | 32% | 34% |
| Limited Access to Healthy Foods (2019) | 5% | 4% |
| Food Insecurity (2022) | 16% | 13% |
| Physical Inactivity (2021) | 33% | 25% |
| Access to Exercise Opportunities (2023) | 57% | 66% |

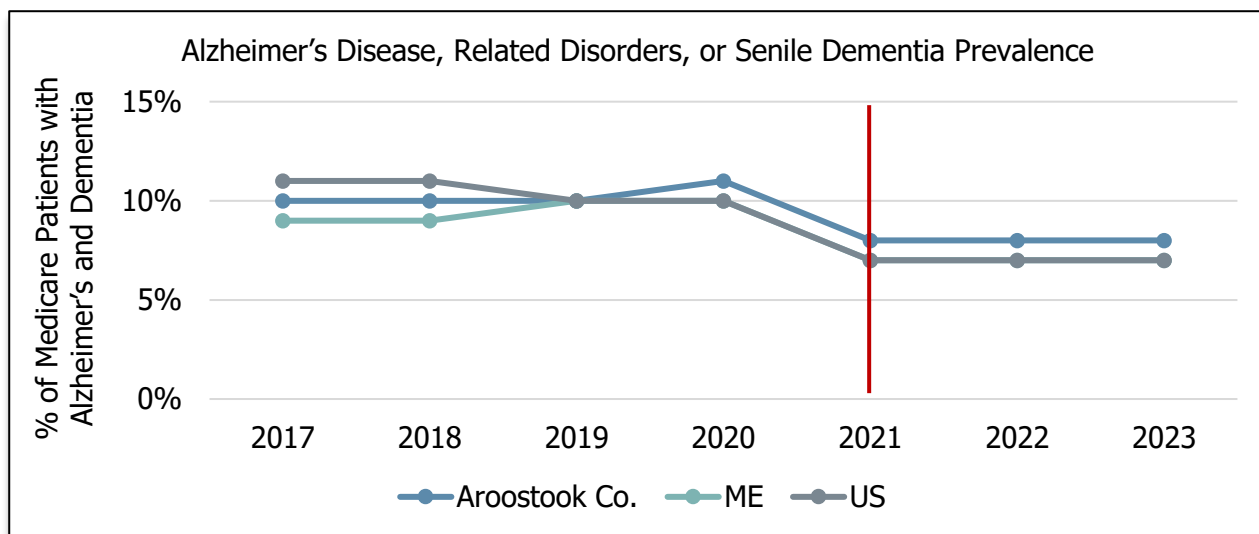
Source: County Health Rankings 2024 Report, Maine DHHS

Alzheimer's and Dementia

Alzheimer's and Dementia was identified as the #4 community health issue with 88% of survey respondents rating it as important to address in the community. The mortality rate for Alzheimer's is lower in Aroostook County than in Maine (25.1 compared to 27.4 respectively). Alternatively, the prevalence of Alzheimer's, related disorders, or senile dementia in the Medicare population is higher in Aroostook County than in the state.

| | Aroostook County | Maine |
|---|------------------|-------|
| Alzheimer's Mortality Rate per 100,000 (2022) | 25.1 | 27.4 |

Source: CDC Final Deaths



Note: There was a change in the algorithm of reported data in 2021 noted by a red bar

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Healthcare Access

Access & Affordability

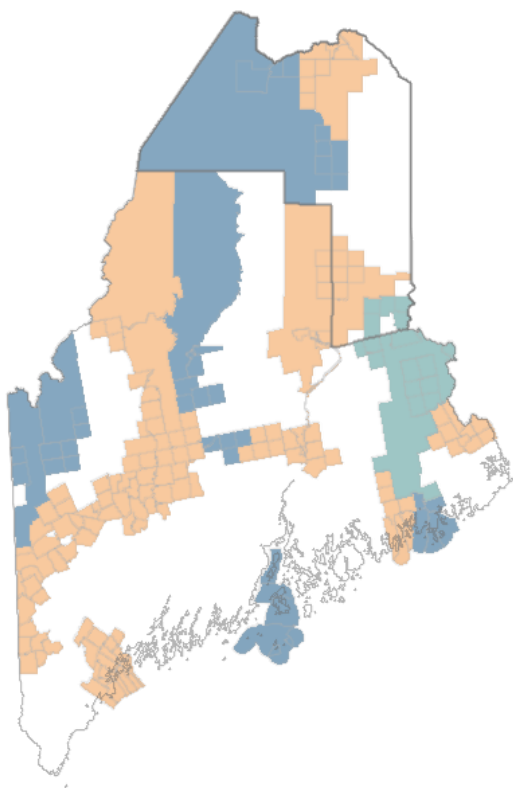
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Aroostook County has a lower household income than the Maine average and also has a higher uninsured population than the state. Additionally, regions of Aroostook County are classified as health professional shortage areas (HPSA) for primary care and mental health as shown in the maps on the following page.

| | Aroostook County | Maine |
|--|------------------|----------|
| Uninsured Population (2021) | 9% | 7% |
| Median Household Income (2022) | \$51,562 | \$69,485 |
| Cost Barriers to Healthcare (2019-2021) | 9% | 10% |
| Population per 1 Primary Care Physician (2021) | 891:1 | 932:1 |
| Population per 1 Dentist (2022) | 1,564:1 | 1,406:1 |

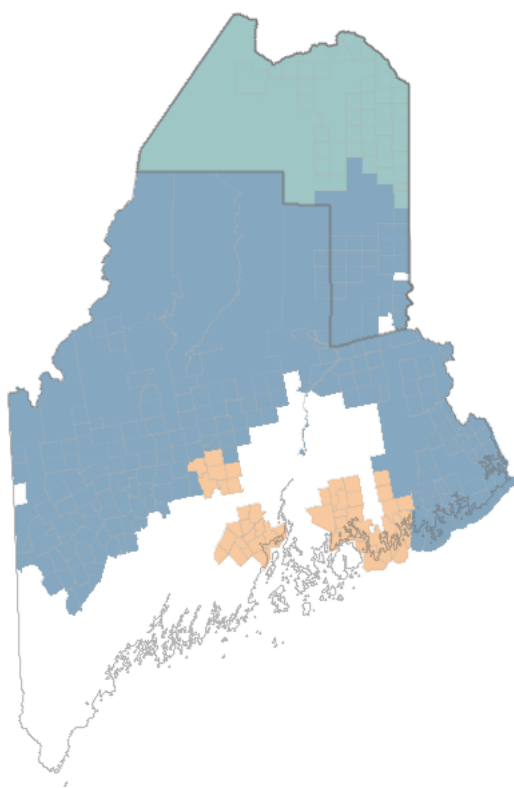
Source: County Health Rankings 2024 Report




Maine Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health

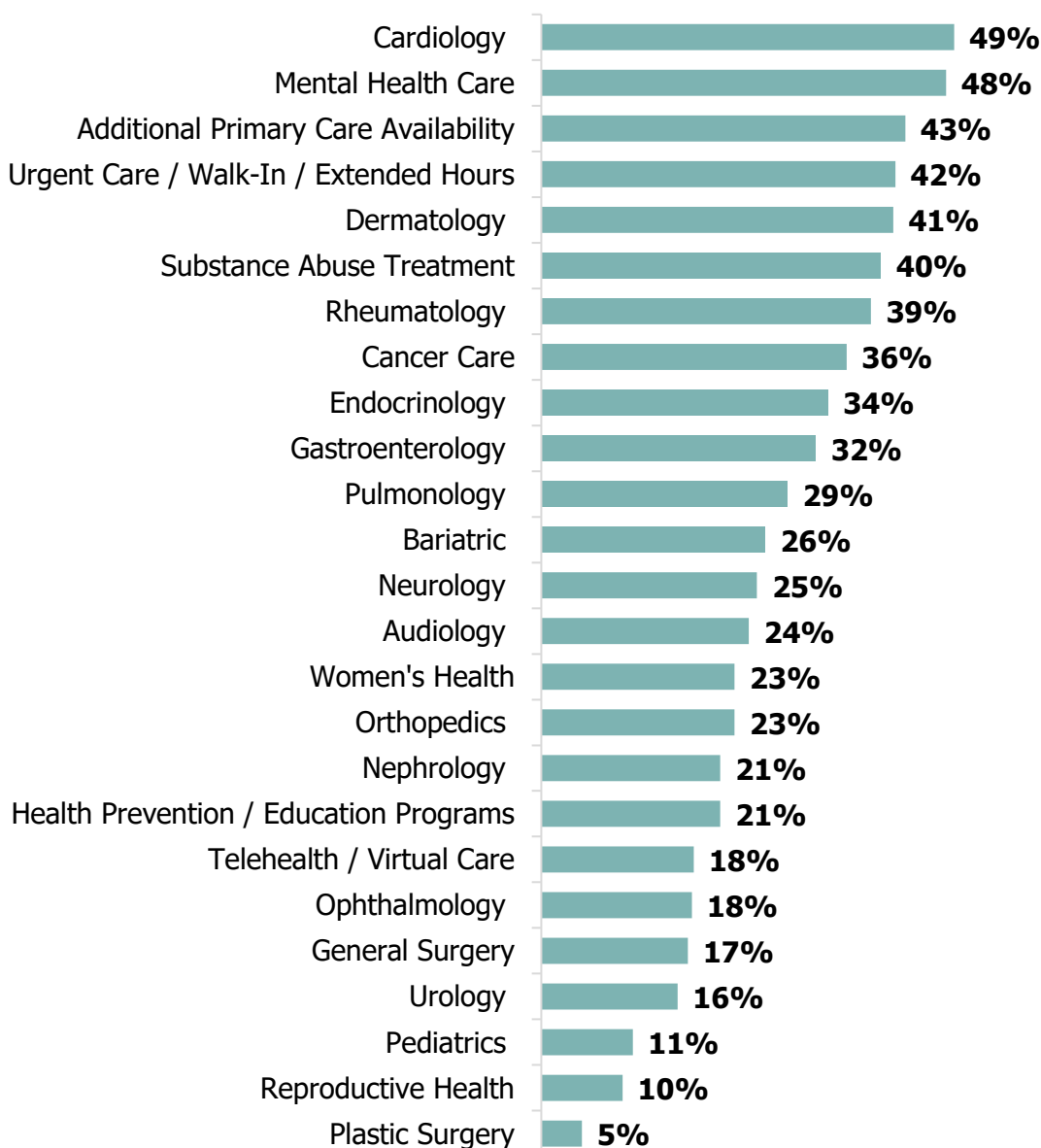


-  HPSA Population: *a shortage of services for a specific population subset within an established geographic area*
-  Geographic HPSA: *a shortage of services for the entire population within an established geographic area*
-  High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

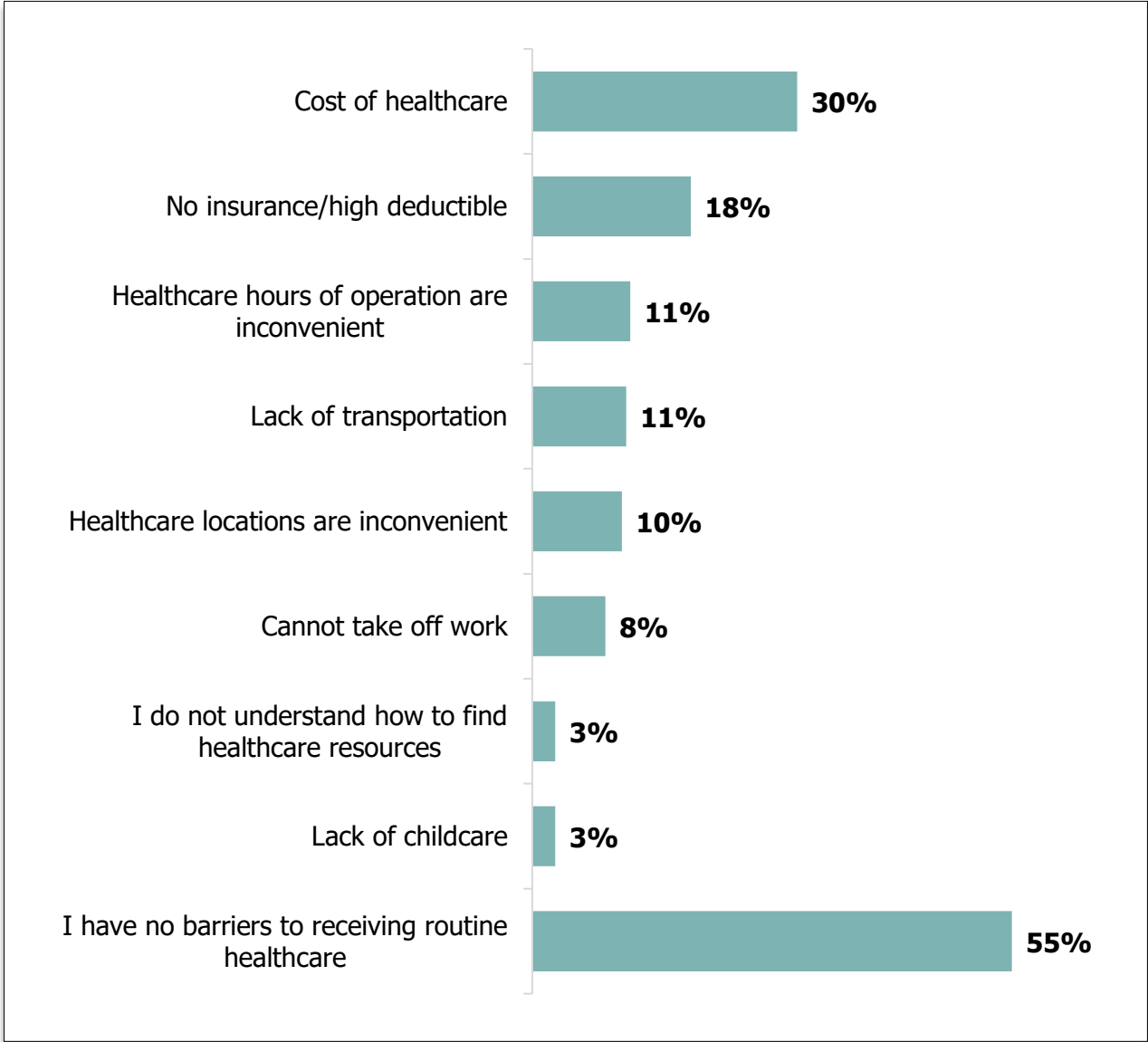
In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Cardiology was the top identified service need with 49% of respondents saying they would like to see it available in Aroostook County followed by mental health care (48%) and additional primary care availability (43%).

Survey Question: What additional services/offerings would you like to see available in Aroostook County? (select all that apply)



When survey respondents were asked about their barriers to care, the cost of healthcare was the top barrier identified by 30% of respondents, followed by no insurance/high deductible with 18% of respondents. The majority of survey respondents (55%) reported having no barriers to receiving routine healthcare.

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)



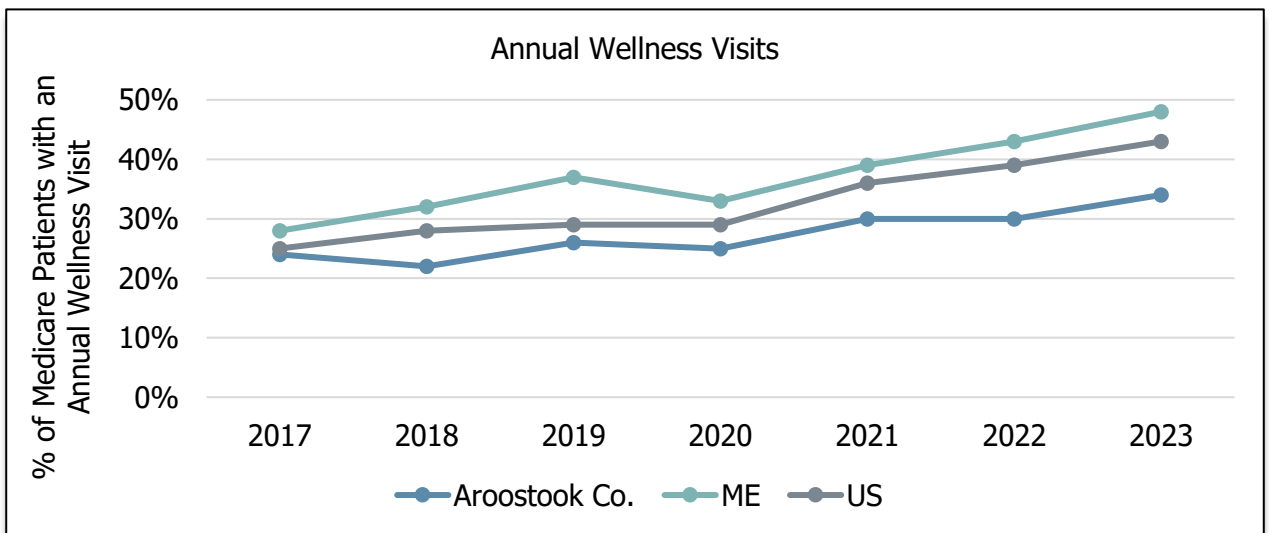
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 21% of respondents said they would like to see additional health prevention and education programs available in the community.

Aroostook County also has a lower rate of flu vaccination as well as of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions) than the state. This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, while the rate of annual wellness visits in the Medicare population is lower in Aroostook County compared to the state, rates have been improving in recent years.

| | Aroostook County | Maine |
|---|------------------|-------|
| Preventable Hospital Stays per 100,000 (2021) | 2,111 | 2,004 |
| Primary Care Visit in the Past Year (2019-2021) | 82% | 79% |
| Flu Vaccination (2021) | 39% | 46% |

Source: County Health Rankings 2024 Report, Maine DHHS



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Access to Senior Services

Access to senior services was identified as the #5 priority with 87% of survey respondents rating it as an important factor to address in the community. Older adults were identified as the top priority population in the community making access to senior services an important need. Additionally, the population of people 65+ is projected to grow by over 5% in Aroostook County over the next five years.

| | Aroostook County | Maine |
|--|------------------|-------|
| Population 65+ (2023) | 26% | 23% |
| 5-Year Projected Increase in 65+ Population (2023) | +5% | +12% |
| Elderly (65+) Living Alone (2018-2022) | 33% | 30% |
| Fall-Related Deaths Per 100,000 (2018-2022) | 16.1 | 17.5 |

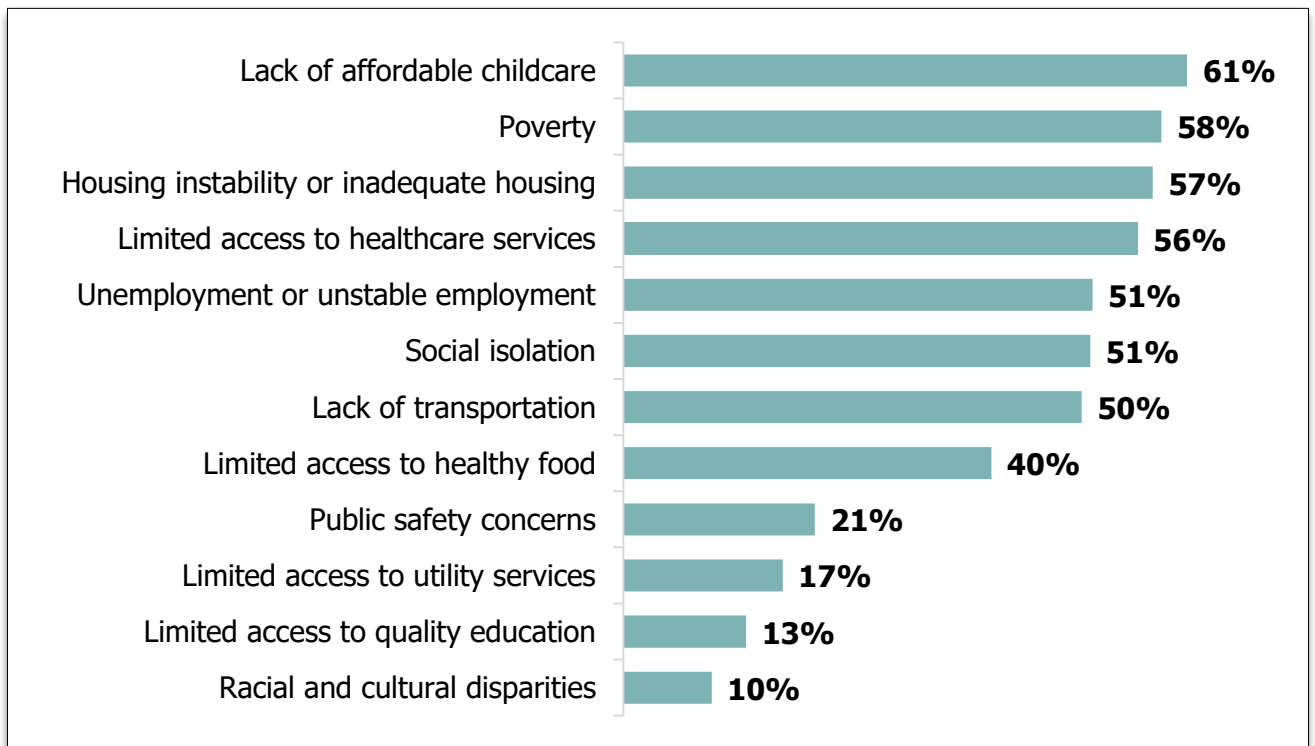
Source: County Health Rankings 2024 Report, Advisory Board, Maine DHHS

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Aroostook County. The top SDoH identified was the lack of affordable childcare with 61% of survey respondents identifying it as negatively impacting the community's health followed by poverty, housing instability, and limited access to healthcare services.

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Aroostook County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 10% of Aroostook County residents spend 50% or more of their household income on housing.

| | Aroostook County | Maine |
|--|------------------|-----------|
| Severe Housing Problems (2016-2020) | 11% | 13% |
| Severe Housing Cost Burden (>50% of HHI) (2018-2022) | 10% | 12% |
| Median Gross Rent (2018-2022) | \$681 | \$1,009 |
| Median Housing Value | \$125,400 | \$244,800 |
| Broadband Access (2018-2022) | 77% | 87% |

Source: County Health Rankings 2024 Report, Maine DHHS

| Age of Housing Stock (2018-2022) | Aroostook County | Maine |
|----------------------------------|------------------|-------|
| Built 1949 or Earlier | 29% | 28% |
| Built 1950 to 1979 | 37% | 28% |
| Built 1980 to 2009 | 31% | 38% |
| Bult 2010 or Later | 3% | 6% |

Source: Maine DHHS

Transportation

Access to transportation plays a critical role in health outcomes, particularly in rural and underserved communities. Reliable transportation enables individuals to attend medical appointments, access preventive care, obtain medications, and reach grocery stores with healthy food options. Transportation barriers disproportionately affect vulnerable populations, including older adults, low-income individuals, and those living in remote areas, ultimately contributing to health disparities and poorer overall community health. Nine percent of households in Aroostook County do not have a vehicle, greater than the state on average (7%).

| | Aroostook County | Maine |
|--|------------------|-------|
| Long Commute Driving Alone (>30 mins.) (2018-2022) | 20% | 34% |
| No Vehicle for the Household (2018-2022) | 9% | 7% |

Source: County Health Rankings 2024 Report, Maine DHHS

| Number of Vehicles by Household (2018-2022) | Aroostook County | Maine |
|---|------------------|-------|
| 3 or More Vehicles Available | 18% | 20% |
| 2 Vehicles Available | 38% | 40% |
| 1 Vehicle Available | 35% | 33% |
| No Vehicles Available | 9% | 7% |

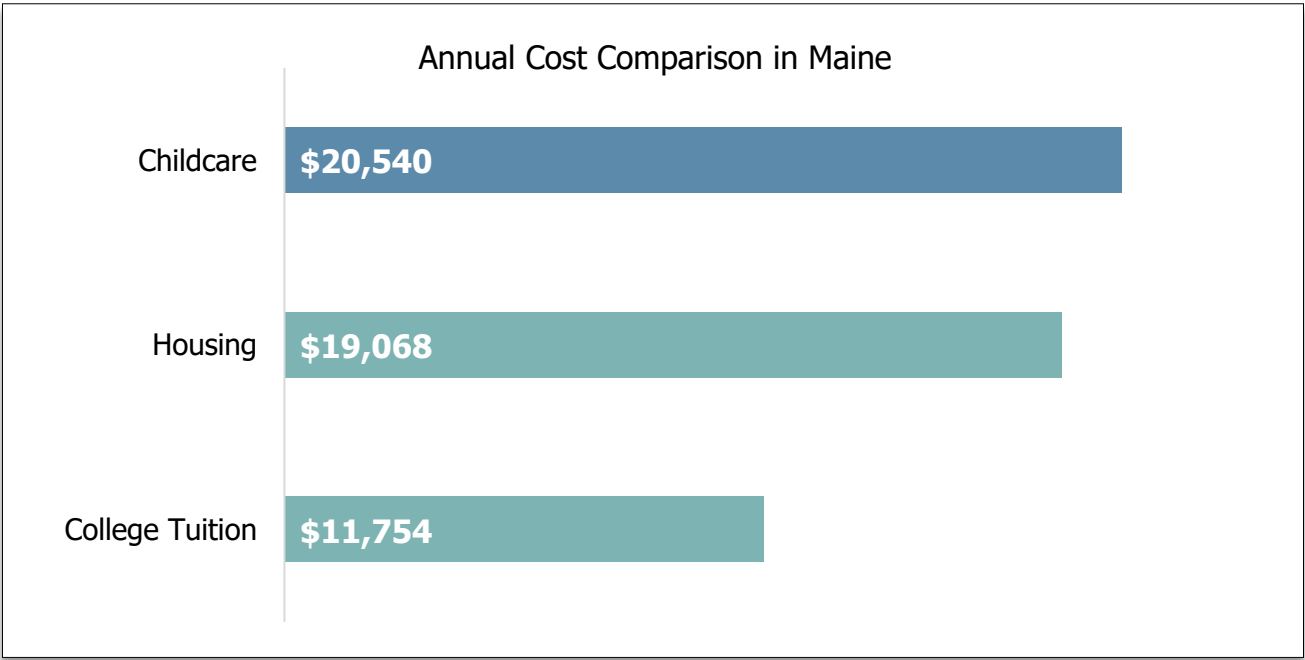
Source: Maine DHHS

Access to Childcare

The average yearly cost of infant care in Maine is \$11,960. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Child Care Aware). In Aroostook County, 32% of household income is required for childcare expenses and there are 8 childcare centers for every 1,000 children under age 5 in the county compared to 12 in the state.

| | Aroostook County | Maine |
|---|------------------|-------|
| Children in Single-Parent Households (2018-2022) | 21% | 19% |
| Child Care Cost Burden - % of HHI used for childcare (2023) | 32% | 32% |
| Child Care Centers per 1,000 Under Age 5 (2010-2022) | 8 | 12 |

Source: County Health Rankings 2024 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
Source: Child Care Aware (2023)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

| | Aroostook County | Maine |
|---|------------------|-------|
| High School Completion (2018-2022) | 91% | 94% |
| Some College – includes those who had and had not attained degrees (2023) | 62% | 70% |
| Unemployment (2023) | 3.9% | 2.9% |
| Individuals Living in Poverty (2018-2022) | 15% | 11% |
| Children in Poverty (2022) | 17% | 12% |

Source: County Health Rankings 2024 Report, U.S. Bureau of Labor Statistics, Maine DHHS

Evaluation & Selection Process

Worse than Benchmark Measure



Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages

Identified by the Community



Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed



Growing health needs where interventions are feasible, and the Organizations could make an impact

Impact on Health Equity



Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

| Health Need Evaluation | Worse than Benchmark | Identified by the Community | Feasibility | Impact on Health Equity |
|--|----------------------|-----------------------------|-------------|-------------------------|
| Cancer | ✓ | ✓ | ✓ | ✓ |
| Healthcare: Affordability | ✓ | ✓ | ✓ | ✓ |
| Mental Health | | ✓ | ✓ | ✓ |
| Alzheimer's and Dementia | | ✓ | ✓ | ✓ |
| Access to Senior Services | ✓ | ✓ | ✓ | ✓ |
| Drug/Substance Abuse | | ✓ | ✓ | ✓ |
| Heart Disease | ✓ | ✓ | ✓ | ✓ |
| Affordable Housing | | ✓ | | ✓ |
| Healthcare: Types of Services Provided | ✓ | ✓ | ✓ | ✓ |
| Healthcare: Location of Services | | ✓ | ✓ | ✓ |

Implementation Plan

Implementation Plan Framework

Cary & Pines determined the action plan to address the identified significant health needs will be organized into key groups to adequately address the health needs with available time and resources. Cary & Pines has focused this action plan on the health care needs of the community and relies on partner organizations in the community to lead action plans for other community needs like education, housing, and childcare.



Improve Behavioral Health Outcomes

Relevant Needs Addressed: Mental Health, Alzheimer's and Dementia, Drug/Substance Abuse

Goal: Enhance access to and coordination of behavioral health services to improve mental well-being, cognitive health, and substance use recovery support in the community.



Increase Access to Local Healthcare Services

Relevant Needs Addressed: Access to Senior Services, Healthcare Affordability, Types of Healthcare Services Provided, Location of Healthcare Services

Goal: Expand healthcare accessibility and affordability through improved local service availability, financial assistance programs, and senior-focused care.



Enhance Chronic Disease Prevention & Management

Relevant Needs Addressed: Cancer, Heart Disease, Alzheimer's and Dementia, Healthcare Affordability

Goal: Reduce the prevalence and impact of chronic diseases by increasing prevention, early detection, and disease management services.

Improve Behavioral Health Outcomes

Cary & Pines Services and Programs Committed to Respond to This Need

- Workshops and education conducted in collaboration with the Aroostook Mental Health Center (AMHC)
- Power of Prevention Coalition - Advisory coalition to address substance use and misuse issues
- Up and Away campaign, Safe Storage in Homes for Prescription Medications, and Safe Home Medication Program
- Maine Crisis Hotline (888-568-1112) is promoted on Cary & Pines' websites and social media
- 24/7/Drug Take Back and National Take Back Days are promoted on Cary & Pines' websites and social media
- Educational presentations on:
 - Safe medication storage and disposal
 - Marijuana use and misuse
 - Vaping and electronic nicotine devices
 - Alcohol use and misuse
 - Drug impairment
 - Substance use prevention
- Education provided at health fairs and health promotion events
- Media campaigns and social media posts on substance use prevention
- Comprehensive directory of substance abuse and addiction services in Aroostook County is updated and distributed by Cary & Pines
- Suboxone therapy is offered at Pines
- Narcotics prescription contracts in the Cary emergency department (ED) and Pines
- Medication Assisted Therapy (MAT) Program

Goals and Future Actions to Address this Significant Health Need

Goal: Enhance access to and coordination of behavioral health services to improve mental well-being, cognitive health, and substance use recovery support in the community.

Impact of Actions and Access to Resources

- Improve behavioral health outcomes in the community by increasing screening and connecting patients to community resources
- Increase utilization of behavioral health services
- Increase utilization of MAT services

Other Local Organizations Available to Respond to This Need

- Aroostook Mental Health Center - AMHC
- Eastern Aroostook School District
- Caribou Police Department
- Local coalitions (Healthy You, Community Voices, Drug Free Aroostook, Link for Hope)
- Carl Center
- Roads to Recovery Community Center

Increase Access to Local Healthcare Services

Cary & Pines Services and Programs Committed to Respond to This Need

- Financial assistance program available for qualified patients
- Price transparency posted on Cary & Pines' websites
- Cary & Pines' relationship to deliver seamless health and wellness services to area residents
- Specialty Clinic – cardiology, diabetes management, pain clinic, rheumatology, nephrology, nutrition, wound/ostomy, pediatric cardiology, gastroenterology, and nephrology.
- Enrollment assistance for Medicare, Medicaid, and Marketplace
- Financial assistance program information is provided to patients in discharge packets
- Financial counselors on staff to answer questions and inform patients about billing and payment options, including a sliding fee discount program (SFDP)
- Seniority Program for people over age 50 that offers monthly lunch 'n' learns on healthy eating and increasing physical activity
- Senior Newsletter shares 2-1-1 hotline to assist patients in connecting with social services
- Support groups for dementia patients and grandparents raising grandchildren

Goals and Future Actions to Address this Significant Health Need

Goal: Expand healthcare accessibility and affordability through improved local service availability, financial assistance programs, and senior-focused care.

Impact of Actions and Access to Resources

- Address health disparities through increased access to healthcare services
- Increase community knowledge and health literacy around health insurance plans and financial assistance resources
- Reduce cost barriers to care through an increase in utilization of financial assistance program

Other Local Organizations Available to Respond to This Need

- Aroostook Agency on Aging
- Age Friendly Caribou
- Caribou Area Ride Service (CARS)
- Maine DHHS - MaineCare
- Eastern Aroostook School District

Enhance Chronic Disease Prevention & Management

Cary & Pines Services and Programs Committed to Respond to This Need

- Living Well for Better Health – an interactive workshop series for adults with chronic health conditions
- Healthy You Program
 - 2,000-3,000 participates each year
 - All the programs are free to the community
 - Offer physical activity programs:
 - 100 Miles in 100 Days Challenge/200 Miles in 200 Days – program with incentives and prizes to encourage participants to log walking 100/200 miles
 - Walking Club; weekly e-newsletter with walking/exercise tips; group walks
- Stress Management – educational seminars on nutrition, physical activity (stretching, not sitting too long), making healthy choices to combat stress
- Eating Mediterranean diet classes as a healthy and nutritious diet option are offered
- Bone Builders class in six communities – age 55+ osteoporosis prevention exercise classes
- Take It Outside (senior activity program) and Caribou Rec Extreme (CRX) – programs to encourage physical activity
- Cafeteria has healthier options less expensive than less healthy options
- Healthy Hearts Program – all-day seminar and six weeks of instruction on how to transition to a plant-based diet
- Exercise and Thrive Program – free community exercise program
- Diabetes Education Program – education classes for diabetes patients; insulin pump therapy and other advanced programs and therapies
- Diabetes educators on staff that participate in educational events and provide seminars
- Diabetes clinic – full-time clinical diabetes management program

Goals and Future Actions to Address this Significant Health Need

Goal: Reduce the prevalence and impact of chronic diseases by increasing prevention, early detection, and disease management services.

Impact of Actions and Access to Resources

- Decrease onset and prevalence of chronic diseases
- Increase access to prevention and education resources to promote healthy living in the community
- Improve cancer screening rates in the community

Other Local Organizations Available to Respond to This Need

- Healthy Living for ME
- Caribou Parks & Recreation Department
- Aroostook County Collaborative
- Eastern Aroostook School District
- Local food pantries

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Maine's Top 15 Leading Causes of Death are listed in the tables below in Aroostook County's rank order. Aroostook County's mortality rates are compared to the Maine state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

| | Aroostook County | Maine | U.S. |
|-----------------|------------------|-------|-------|
| Heart Disease | 197.5 | 168.4 | 173.8 |
| Cancer | 186.6 | 161.3 | 146.6 |
| Lung | 52.8 | 42.1 | 34.7 |
| Accidents | 45.6 | 86.2 | 64.7 |
| Stroke | 43.4 | 32.5 | 41.1 |
| Diabetes | 26.9 | 27.0 | 25.4 |
| Alzheimer's | 25.1 | 27.4 | 31.0 |
| Flu - Pneumonia | 20.6 | 10.6 | 10.5 |
| Kidney | 17.6 | 12.6 | 13.6 |
| Suicide | 14.7 | 19.5 | 14.1 |
| Liver | 11.4 | 16.5 | 14.5 |
| Blood Poisoning | 7.1 | 1.6 | 10.2 |
| Parkinson's | 5.5 | 11.5 | 9.8 |
| Hypertension | 5.0 | 8.3 | 10.7 |
| Homicide | 1.7 | 1.7 | 8.2 |

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

| | Aroostook | Maine | Top US Performers | US Overall |
|--|-----------|--------|-------------------|------------|
| Length of Life | | | | |
| Premature Death* | ● 8,943 | 7,812 | 6,000 | 8,000 |
| Life Expectancy* | ● 77 | 78 | 81 | 79 |
| Quality of Life | | | | |
| Poor or Fair Health | ● 16% | 14% | 13% | 14% |
| Poor Physical Health Days | ● 3.7 | 3.5 | 3.1 | 3.3 |
| Poor Mental Health Days | ● 5.3 | 5.2 | 4.4 | 4.8 |
| Low Birthweight* | ● 7% | 7% | 6% | 8% |
| Health Behaviors | | | | |
| Adult Smoking | ● 22% | 17% | 14% | 15% |
| Adult Obesity | ● 40% | 32% | 32% | 34% |
| Limited Access to Healthy Foods | ● 5% | 4% | 17% | 12% |
| Physical Inactivity | ● 33% | 25% | 20% | 23% |
| Access to Exercise Opportunities | ● 57% | 66% | 90% | 84% |
| Excessive Drinking | ● 14% | 20% | 13% | 18% |
| Alcohol-Impaired Driving Deaths | ● 33% | 33% | 10% | 26% |
| Drug Overdose Deaths* | ● 34.4 | 36.3 | 42 | 23 |
| Sexually Transmitted Infections* | ● 223 | 246 | 152 | 496 |
| Teen Births (per 1,000 females ages 15-19) | ● 17 | 11 | 9 | 17 |
| Clinical Care | | | | |
| Uninsured | ● 9% | 7% | 6% | 10% |
| Primary Care Physicians | 891:1 | 932:1 | 1,030:1 | 1,330:1 |
| Dentists | 1564:1 | 1406:1 | 1,180:1 | 1,360:1 |
| Mental Health Providers | 155:1 | 184:1 | 230:1 | 320:1 |
| Preventable Hospital Stays* | ● 2,111 | 2,004 | 1,558 | 2,681 |
| Mammography Screening | ● 48% | 44% | 52% | 43% |
| Flu Vaccinations | ● 39% | 46% | 53% | 46% |
| Social & Economic Factors | | | | |
| High School Completion | ● 91% | 94% | 94% | 89% |
| Some College | ● 62% | 70% | 74% | 68% |
| Unemployment | ● 4.1% | 2.9% | 2.3% | 3.7% |
| Children in Poverty | ● 17% | 12% | 10% | 16% |
| Children in Single-Parent Households | ● 21% | 19% | 13% | 25% |
| Injury Deaths* | ● 92.7 | 103.9 | 64 | 80 |
| Child Care Cost Burden (% of HHI used for childcare) | ● 32% | 32% | 36% | 27% |
| Child Care Centers (per 1,000 under age 5) | ● 8 | 12 | 13 | 7 |
| Physical Environment | | | | |
| Severe Housing Problems | ● 11% | 13% | 8% | 17% |
| Long Commute - Driving Alone (> 30 min. commute) | ● 20% | 34% | 17% | 36% |
| Severe Housing Cost Burden (50% or more of HHI) | ● 10% | 12% | 15% | 14% |
| Broadband Access | ● 77% | 87% | 90% | 87% |

*Per 100,000 Population

Key (Legend)

- Better than ME
- Same as ME
- Worse than ME

Source: County Health Rankings 2024 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

Data Sources

| Source | Data Element | Date Accessed | Data Date |
|--|---|---------------|-----------|
| County Health Rankings 2024 Report | Assessment of health needs of the county compared to all counties in the state; County demographic data | January 2025 | 2013-2022 |
| CDC Final Deaths | 15 top causes of death | January 2025 | 2022 |
| Bureau of Labor Statistics | Unemployment rates | January 2025 | 2023 |
| Maine Department of Health and Human Services (DHHS) | Aroostook County Health Profile 2025 | February 2025 | 2018-2023 |
| National Alliance on Mental Illness – NAMI | Statistics on mental health rates and services | February 2025 | 2022 |
| NIH – National Cancer Institute | State cancer profiles; incidence rates | February 2025 | 2017-2021 |
| Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population | Health outcome measures and disparities in chronic diseases | February 2025 | 2022 |
| American Diabetes Association | Type 2 diabetes risk factors | February 2025 | 2005 |
| Centers for Disease Control and Prevention – CDC | Gender disparities in cancer prevalence | February 2025 | 2025 |
| Health Resources & Services Administration – data.hrsa.gov | HPSA designated areas | February 2025 | 2023 |
| Advisory Board | Population growth projections | February 2025 | 2023 |
| Center for Housing Policy | Impacts of affordable housing on health | February 2025 | 2015 |
| Child Care Aware | Childcare costs | February 2025 | 2023 |
| Health Affairs: Leigh, Du | Effects of low wages on health | February 2025 | 2022 |

Survey Results

Based on 570 survey responses gathered in December 2024.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Where do you receive your healthcare services? (please select all that apply)

| Answer Choices | Responses | |
|---------------------------------|-----------|-----|
| Cary Medical Center | 64.04% | 365 |
| Pines Health Services | 80.18% | 457 |
| Somewhere other than Cary/Pines | 33.33% | 190 |
| | Answered | 570 |
| | Skipped | 0 |

Q2: Your role in the community (select all that apply)

| Answer Choices | Responses | |
|--|-----------|-----|
| Community Resident | 78.47% | 430 |
| Healthcare Professional | 14.05% | 77 |
| Educator | 9.49% | 52 |
| Member of a Faith Based Organization | 8.76% | 48 |
| Government Employee or Representative | 6.20% | 34 |
| Local Business/Industry Leader | 5.84% | 32 |
| Minority or Underserved Population | 1.64% | 9 |
| Representative of Chronic Disease Group or Advocacy Organization | 1.09% | 6 |
| Public Health Official | 0.91% | 5 |
| | Answered | 548 |
| | Skipped | 22 |

Q3: Race/Ethnicity (select all that apply)

| Answer Choices | Responses | |
|---|-----------|-----|
| White or Caucasian | 98.23% | 555 |
| Black or African American | 0.88% | 5 |
| American Indian or Alaska Native | 0.88% | 5 |
| Hispanic or Latino | 0.53% | 3 |
| Asian or Asian American | 0.18% | 1 |
| Native Hawaiian or other Pacific Islander | 0.18% | 1 |
| Other (please specify) | 1.59% | 9 |
| | Answered | 565 |
| | Skipped | 5 |

Q4: Age group

| Answer Choices | Responses | |
|----------------|-----------|-----|
| 18-24 | 1.58% | 9 |
| 25-34 | 4.05% | 23 |
| 35-44 | 8.63% | 49 |
| 45-54 | 11.44% | 65 |
| 55-64 | 21.65% | 123 |
| 65+ | 52.64% | 299 |
| | Answered | 568 |
| | Skipped | 2 |

Q5: What ZIP code do you primarily live in?

| Answer Choices | Responses | |
|----------------|-----------|-----|
| 04736 | 35.1% | 196 |
| 04769 | 10.6% | 59 |
| 04742 | 9.0% | 50 |
| 04785 | 5.2% | 29 |
| 04750 | 5.2% | 29 |
| 04762 | 3.0% | 17 |
| 04756 | 2.9% | 16 |
| 04786 | 2.9% | 16 |
| 04757 | 2.7% | 15 |
| 04783 | 2.2% | 12 |
| 04740 | 2.2% | 12 |
| 04766 | 2.2% | 12 |
| 04779 | 1.4% | 8 |
| 04743 | 1.3% | 7 |
| 04772 | 1.3% | 7 |
| 04768 | 1.3% | 7 |
| 04773 | 1.1% | 6 |
| 04746 | 1.1% | 6 |

Q5: What ZIP code do you primarily live in? (cont.)

| Answer Choices | Responses | |
|----------------|-----------|-----|
| 04758 | 0.9% | 5 |
| 04730 | 0.9% | 5 |
| 04787 | 0.9% | 5 |
| 04745 | 0.5% | 3 |
| 04735 | 0.4% | 2 |
| 04760 | 0.4% | 2 |
| 04732 | 0.2% | 1 |
| 29681 | 0.2% | 1 |
| 04915 | 0.2% | 1 |
| 04236 | 0.2% | 1 |
| 04236 | 0.2% | 1 |
| 28461 | 0.2% | 1 |
| 04734 | 0.2% | 1 |
| 04733 | 0.2% | 1 |
| 04796 | 0.2% | 1 |
| 04401 | 0.2% | 1 |
| 04836 | 0.2% | 1 |
| 04739 | 0.2% | 1 |
| 04974 | 0.2% | 1 |
| 04747 | 0.2% | 1 |
| 28560 | 0.2% | 1 |
| 04774 | 0.2% | 1 |
| 33870 | 0.2% | 1 |
| 04457 | 0.2% | 1 |
| 99338 | 0.2% | 1 |
| 04781 | 0.2% | 1 |
| 04780 | 0.2% | 1 |
| | Answered | 558 |
| | Skipped | 12 |

Q6: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) In your community? (Please select your top 3 responses if possible)

| Answer Choices | Responses | |
|---|-----------|-----|
| Older adults | 71.86% | 383 |
| Low-income groups | 59.29% | 316 |
| Individuals requiring additional healthcare support | 44.84% | 239 |
| Residents of rural areas | 44.47% | 237 |
| Women | 17.82% | 95 |
| Children | 17.26% | 92 |
| Racial and ethnic minority groups | 8.07% | 43 |
| LGBTQ+ | 4.32% | 23 |
| | Answered | 533 |
| | Skipped | 37 |

What do you believe to be some of the needs of the groups selected above?

- Transportation issues
- Mental Health services
- Awareness of health needs
- Unaffordable Healthcare and prescription costs
- In-home care
- More providers for rural areas, more technology testing for rural areas.
- There is too long of a wait time for referrals to specialized health care.
- Inability to access health care due to lack of education.
- Cost of insurance with limited income.
- I believe we need more specific care for the elderly, either specific specialty of geriatric care or palliative care.
- More psychiatrist support in the area. More assist needed for children with stressful home lives, adolescent issues such as eating disorders. Coping mechanism. More education in healthy living options, healthy eating that may not coast as much.
- General wellness checkup & substance abuse assistance.
- Lack of services for individuals who have a need for maintenance physical and occupational therapy services.

Q7: Please provide feedback on any actions you've seen taken by Cary & Pines to address the 2022 significant health needs in your community and what additional actions you would like to see.

- Attention to veterans is good - more would be appreciated.
- Mediterranean Diet Classes, Bone Builders Program, Partnership with CARL
- Continue services for mental health and drug abuse and never give up . Obesity is rough on all age groups. We need cheaper exercise options.
- Cary Medical Center is leading the way in terms of outreach and education as a way to affect these significant needs.
- More emphasis in the cardiology department.
- I've seen a lot about the mediterranean diet, about walking a 100 miles - Healthy Lifestyle
- I would like to see more mental health services in the county. Cary has taken a proactive stance however the State needs to step in as well.
- As a rural health care center, Cary does a very good job in addressing immediate emergency or short term health needs. Societal changes are needed to address chronic long term needs associated with aging or substance abuse.
- Continued improvement in cancer treatment availability and access to Oncologists in Northern Maine.
- I think more needs to be done to address the increase in homelessness and drug use in the area along with better counseling on eating well and getting exercise.
- I'd like to see preventative measures taken and education in lifestyle changes
- I am very privileged to have quality health care so close to home. I do, however see a desperate lack of serially, on house care for the elderly who are the majority of citizens in this area.
- I've noticed outreach attempts and support groups, and have seen various informational events held at community locations, like the library. There seems to be difficulties accessing behavior health services in a timely manner, maybe there is a way to add additional services, or more providers, to address this need.
- Pines has clinics in some smaller communities. I would like to see more.
- Great need of primary care doctors.
- "The very visible ""Access Point"" signage for the Agency on Aging, and available hours at the local library has been good.
- Would be helpful to expand the CARS program into Fort Fairfield, plus some sort of ""friendly visitor"" program."

Q8: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

| | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|--------------------------|----|----|-----|-----|-----|----------|------------------|
| Cancer | 5 | 5 | 20 | 83 | 339 | 452 | 4.65 |
| Mental Health | 11 | 6 | 38 | 103 | 292 | 450 | 4.46 |
| Alzheimer's and Dementia | 7 | 8 | 41 | 132 | 263 | 451 | 4.41 |
| Drug/Substance Abuse | 18 | 14 | 47 | 78 | 293 | 450 | 4.36 |
| Heart Disease | 8 | 6 | 67 | 122 | 250 | 453 | 4.32 |
| Diabetes | 9 | 9 | 67 | 146 | 218 | 449 | 4.24 |
| Women's Health | 9 | 5 | 75 | 142 | 213 | 444 | 4.23 |
| Stroke | 6 | 14 | 69 | 144 | 215 | 448 | 4.22 |
| Obesity | 10 | 14 | 82 | 128 | 213 | 447 | 4.16 |
| Lung Disease | 8 | 18 | 85 | 143 | 192 | 446 | 4.11 |
| Kidney Disease | 12 | 20 | 84 | 151 | 180 | 447 | 4.04 |
| Liver Disease | 11 | 28 | 102 | 143 | 162 | 446 | 3.93 |
| Dental | 9 | 23 | 120 | 137 | 158 | 447 | 3.92 |
| Other (please specify) | 18 | | | | | | |
| | | | | | | Answered | 459 |
| | | | | | | Skipped | 111 |

Comments:

- Joint & spine
- Autoimmune disease
- Drug and substance abuse
- Neuro care: Parkinson's Disease, Epilepsy
- Rheumatology
- Rare diseases
- Services for the hearing impaired
- Women's health
- Men's health
- Specialized care

Q9: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

| | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|--|----|----|-----|-----|-----|----------|------------------|
| Healthcare: Affordability | 7 | 7 | 25 | 112 | 295 | 446 | 4.53 |
| Access to Senior Services | 3 | 7 | 48 | 135 | 257 | 450 | 4.41 |
| Affordable Housing | 12 | 14 | 57 | 112 | 254 | 449 | 4.30 |
| Healthcare: Types of Services Provided | 6 | 7 | 70 | 131 | 227 | 441 | 4.28 |
| Healthcare: Location of Services | 9 | 9 | 69 | 123 | 236 | 446 | 4.27 |
| Access to Childcare | 15 | 20 | 67 | 104 | 240 | 446 | 4.20 |
| Healthcare: Prevention Services | 10 | 11 | 82 | 131 | 207 | 441 | 4.17 |
| Employment and Income | 13 | 16 | 75 | 141 | 199 | 444 | 4.12 |
| Access to Healthy Food | 9 | 18 | 78 | 154 | 183 | 442 | 4.10 |
| Community Safety | 7 | 21 | 102 | 119 | 196 | 445 | 4.07 |
| Transportation | 15 | 21 | 100 | 112 | 194 | 442 | 4.02 |
| Education System | 17 | 13 | 100 | 137 | 178 | 445 | 4.00 |
| Access to Exercise/Recreation | 12 | 30 | 117 | 133 | 152 | 444 | 3.86 |
| Social Connections | 15 | 36 | 142 | 142 | 109 | 444 | 3.66 |
| Other (please specify) | 9 | | | | | | |
| | | | | | | Answered | 454 |
| | | | | | | Skipped | 116 |

Comments:

- Facilities for drug rehabilitation.

Q10: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

| | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|----------------------------|----|----|-----|-----|-----|----------|------------------|
| Smoking/Vaping/Tobacco Use | 20 | 12 | 74 | 114 | 219 | 439 | 4.14 |
| Diet | 6 | 9 | 102 | 143 | 185 | 445 | 4.11 |
| Physical Inactivity | 7 | 16 | 92 | 149 | 180 | 444 | 4.08 |
| Excess Drinking | 19 | 19 | 83 | 128 | 191 | 440 | 4.03 |
| Risky Sexual Behavior | 28 | 28 | 136 | 107 | 139 | 438 | 3.69 |
| Other (please specify) | 13 | | | | | | |
| | | | | | | Answered | 448 |
| | | | | | | Skipped | 122 |

Comments:

- Alcohol, Drug & Substance abuse
- AFib
- Living alone

Q11: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

| Answer Choices | Responses | |
|---|-----------|-----|
| Lack of affordable childcare | 61.07% | 262 |
| Poverty | 58.28% | 250 |
| Housing instability or inadequate housing | 57.34% | 246 |
| Limited access to healthcare services | 55.71% | 239 |
| Unemployment or unstable employment | 50.82% | 218 |
| Social isolation | 50.58% | 217 |
| Lack of transportation | 49.65% | 213 |
| Limited access to healthy food | 39.86% | 171 |
| Public safety concerns | 20.75% | 89 |
| Limited access to utility services | 17.25% | 74 |
| Limited access to quality education | 13.29% | 57 |
| Racial and cultural disparities | 9.56% | 41 |
| Other (please specify) | 6.99% | 30 |
| | Answered | 429 |
| | Skipped | 141 |

Comments:

- Limited access to mental health services
- Parenting resources
- Women's health and education
- Lack of childcare and daycare services
- Lack of support for families with disabled children
- Cost of healthcare for insured, underinsured, and those with no insurance
- LGBTQ+ discrimination
- Cost of living
- Financial / Affordability
- This county has a really bad drug addiction epidemic

Q12: what barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

| Answer Choices | Responses | |
|--|-----------|-----|
| I have no barriers to receiving routine healthcare | 55.16% | 230 |
| Cost of healthcare | 30.46% | 127 |
| No insurance/high deductible | 18.23% | 76 |
| Healthcare hours of operation are inconvenient | 11.27% | 47 |
| Lack of transportation | 10.79% | 45 |
| Healthcare locations are inconvenient | 10.31% | 43 |
| Cannot take off work | 8.39% | 35 |
| Lack of childcare | 2.64% | 11 |
| I do not understand how to find healthcare resources | 2.64% | 11 |
| Other (please specify) | 11.51% | 48 |
| | Answered | 417 |
| | Skipped | 153 |

Comments

- Access to healthcare specialty clinics
- Lack of healthcare specialties in this area... have to go to Bangor, Portland, or elsewhere for some things like dermatology.
- Lack of specialists for specific healthcare conditions
- We have insurance, but deductible is high.
- lack of providers (mental health)
- Lack of specialist for aging adults
- Lengthy wait times to get into see doctor
- Doctors and dentists aren't accepting new patients
- Prescription costs for elderly or low income individuals.
- I do not use computers, internet, or smart phone.

Q13: What additional services / offerings would you like to see available in the Huron Area? (select all that apply)

| Answer Choices | Responses | |
|---|-----------|-----|
| Cardiology (Heart) | 48.56% | 203 |
| Mental Health Care | 47.61% | 199 |
| Additional Primary Care Availability | 42.82% | 179 |
| Urgent Care / Walk-In / Extended Hours | 41.63% | 174 |
| Dermatology (Skin) | 41.39% | 173 |
| Substance Abuse Treatment | 39.95% | 167 |
| Rheumatology (Arthritis and Autoimmune Disease) | 38.76% | 162 |
| Cancer Care | 35.89% | 150 |
| Endocrinology (Hormone and Diabetes) | 33.73% | 141 |
| Gastroenterology (Digestive System/Stomach) | 32.30% | 135 |
| Pulmonology (Lung and Breathing) | 28.95% | 121 |
| Bariatric (Weight Loss) | 26.32% | 110 |
| Neurology (Brain and Nervous System) | 25.36% | 106 |
| Audiology (Hearing Specialist) | 24.40% | 102 |
| Orthopedics (Bone and Joint) | 22.73% | 95 |
| Women's Health | 22.73% | 95 |
| Health Prevention / Education Programs | 21.05% | 88 |
| Nephrology (Kidney) | 21.05% | 88 |
| Telehealth / Virtual Care | 17.94% | 75 |
| Ophthalmology (Eye) | 17.70% | 74 |
| General Surgery | 17.22% | 72 |
| Urology (Urinary System and Male Reproductive) | 16.03% | 67 |
| Pediatrics (Children's Doctor) | 10.77% | 45 |
| Reproductive Health | 9.57% | 40 |
| Plastic Surgery | 4.78% | 20 |
| Other (please specify) | 6.94% | 29 |
| | Answered | 418 |
| | Skipped | 152 |

Comments

- Weight loss
- Psychiatry
- Diabetic care and education
- Dentists and oral surgeons
- Dermatologist
- At home services for the elderly

Q14: Where do you get most of your health information? (Check all that apply)

| Answer Choices | Responses | |
|-----------------------------|-----------|-----|
| Doctor/Health Care Provider | 87.94% | 379 |
| Website/Internet | 53.60% | 231 |
| Hospital | 25.99% | 112 |
| Family or Friends | 25.29% | 109 |
| Word of Mouth | 14.15% | 61 |
| Television | 12.76% | 55 |
| Social Media | 12.06% | 52 |
| Newspaper/Magazine | 11.14% | 48 |
| Workplace | 9.28% | 40 |
| School/College | 5.80% | 25 |
| Radio | 0.93% | 4 |
| Other (please specify) | 4.87% | 21 |
| | Answered | 431 |
| | Skipped | 139 |

Comments:

- Medical journals and University published studies.
- Any accurate reliable source—books, Google search using sources such as PubMed or JAMA.
- Professional education
- Pharmacy
- Published Scientific Reports/ Articles
- Family and friends who are in the medical field
- Science journal's holistic studies
- Own research
- Resources recommended by doctors
- Mayo Clinic, Harvard Medical School, NLM, and NIH, and nearly 80 years of experience.
- Experience