Cary Medical Center
&
Pines Health Services
2022
Community Health Needs Assessment

Approved by Cary Medical Center Board of Directors on November 7, 2022

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A Message to Our Community

Dear Community Member:

At Cary Medical Center, we have spent nearly 100 years providing high-quality compassionate healthcare to the people of Northern Maine. Working with our partners at Pines Health Services we are striving to create healthier communities. This 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan for how Cary and Pines will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs. Cary Medical Center and Pines Health Services will conduct this effort at least once every three years. As you review this plan, please see if we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of our two organizations and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of our organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs. A major element of this report was based on the findings of our Community Health Needs Survey. Almost 500 surveys were returned, and we are very grateful for this unprecedented response.

Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area. I invite your response to this report. As you read, please think about how to help us achieve this important mission. We all live in, work in, and enjoy this wonderful place called the 'County'. Working together we can make the 'County' healthier for all of us.

Thank You,

Kris Doody, RN, Chief Executive Officer
Cary Medical Center and Pines Health Services

Executive Summary

Cary Medical Center and Pines Health Services ("Cary & Pines" or the "Organizations") performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health ("QHR") to determine the health needs of the local community and an accompanying implementation plan to address these 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 communities it serves;
4) commentary on the 2019 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 were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the broad community was performed to review and provide feedback on the prior CHNA, and to ascertain the continued relevance of previously identified needs. Additionally, the group reviewed the data gathered from secondary sources to support the determination of the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Aroostook County are:

- Cancer
- Behavioral Health: Mental Health, Drug/Substance Abuse
- Access & Affordability: Presence & Affordability of Services, Access to Senior Services, Alzheimer's & Dementia
- Healthy Lifestyle: Heart Disease, Diabetes, Obesity

In the Implementation Strategy section of the report, the Organizations address these areas through identified programs and resources as well as collaboration with other local organizations and agencies. Metrics are included for each health need to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) organizations. It 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.

Strategic Benefits

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

The CHNA Process

1 Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2 Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3 Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4 Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

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

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

Data Collection and Analysis

The Organizations rely on secondary source data, which primarily uses the county as the smallest unit of analysis. Area residents were asked to note if they perceived that the opportunities and issues identified by secondary sources existed in their portion of the county.

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 Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- *Stratasan, ESRI*
- *www.countyhealthrankings.org*
- *www.worldlifeexpectancy.com/usa-health-rankings*
- *Bureau of Labor Statistics*
- *The Maine State Epidemiological Outcomes Workgroup (SEOW)*
- *NAMI*
- *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*
- *Maine CDC, Aroostook County Health Profile*
- *American Diabetes Association*
- *National Cancer Institute*
- *Uniform Data System (NDS)*

A standard process of gathering community input was developed. 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 the Organization's desire to represent the region's geographically diverse population. 469 survey responses from community members were gathered in August 2022.

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 Organization's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

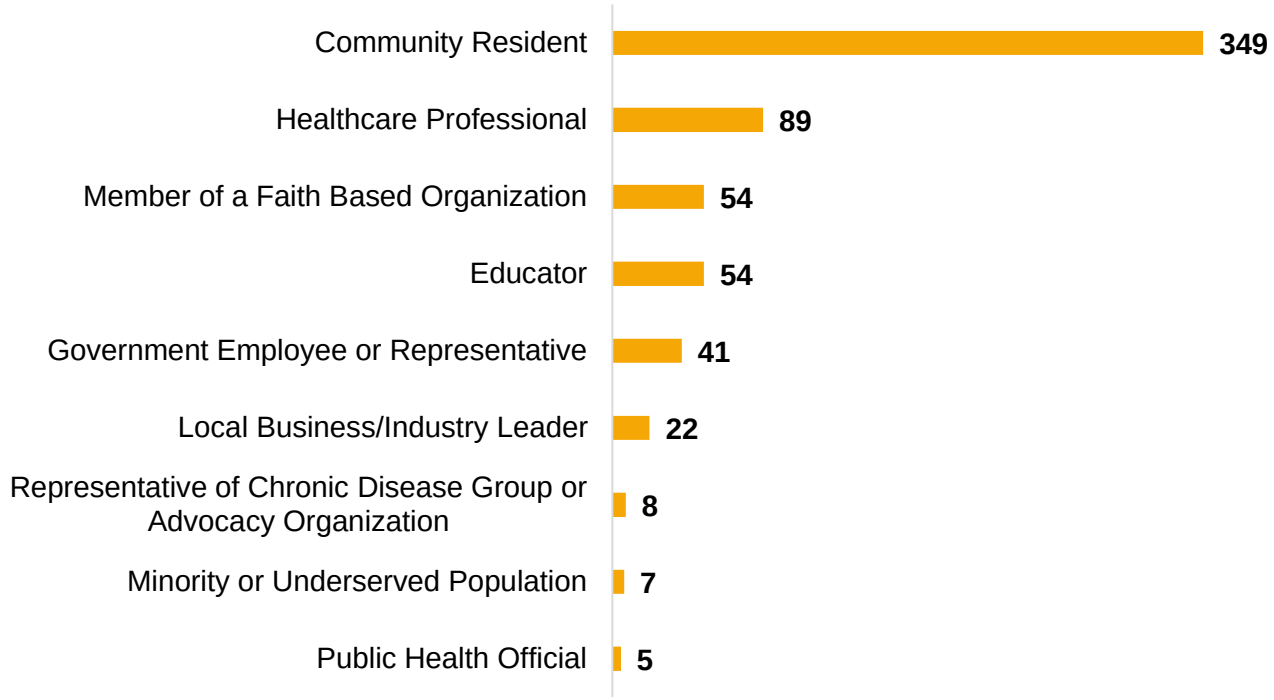
The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Organizations analyzed the health issues that received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

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum 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. Participants self-identified into the following classifications:

1) **Public Health Official**
2) **Government Employee or Representative**
3) **Minority or Underserved Population**
4) **Chronic Disease Groups**
5) **Community Resident**
6) **Educator**
7) **Healthcare Professional**
8) **Member of a Faith-Based Organization**
9) **Local Business/Industry Leader**
10) **Other** (please specify)

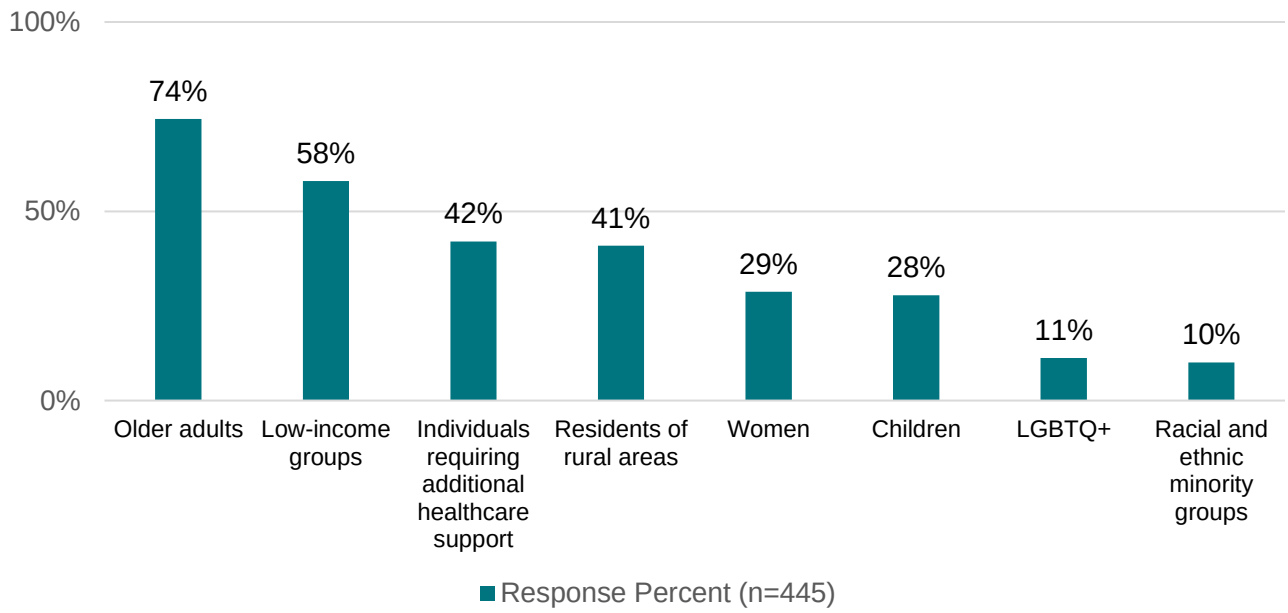
Survey Question: Please select all roles that apply to you (n=462)



Input on Priority Populations

Information analysis augmented by local opinions showed how Aroostook County compares to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") would benefit from additional focus and elaborate on their key needs.

Survey Question: Which groups would you consider to have the greatest health needs in your community? (please select all that apply) (please select all that apply)



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following "take-away" bulleted comments:
  - The top three priority populations identified by the local experts were older adults, low-income groups, and individuals requiring additional healthcare support
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Affordable healthcare
    - Access to care
    - Transportation

Input on 2019 CHNA

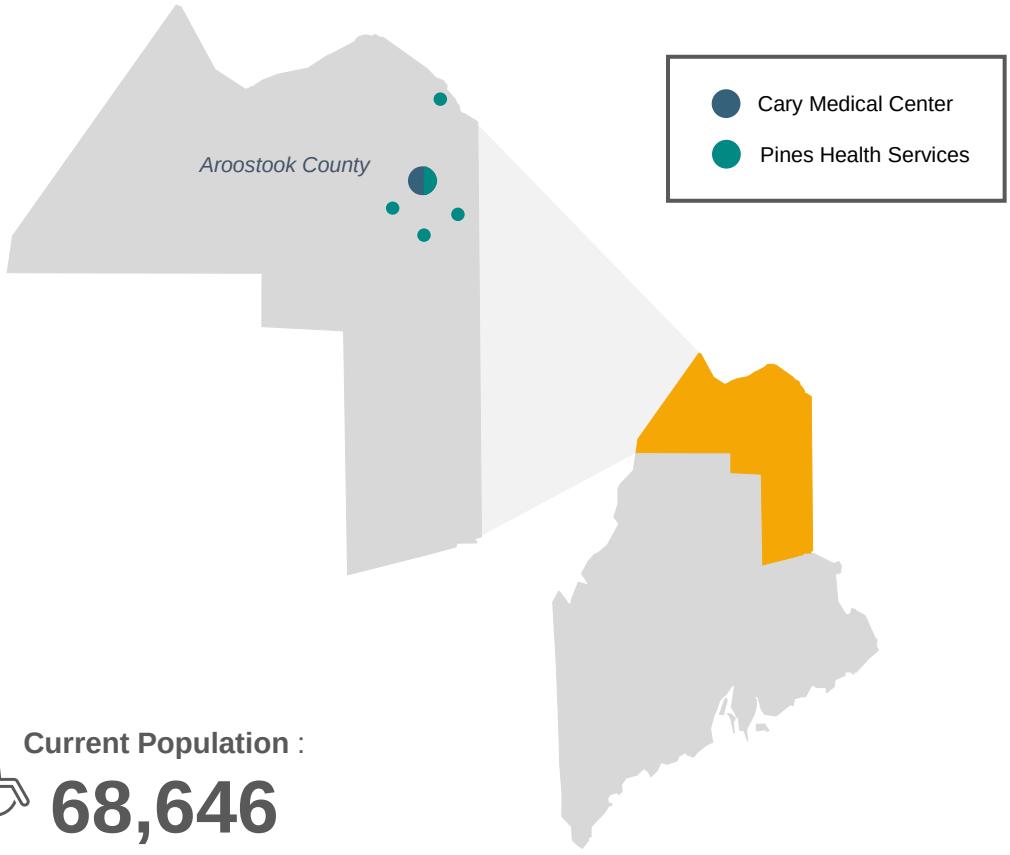
The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for the consideration of written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regards to Cary & Pines's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:

Ranked Health Priorities

For the purpose of this study, Cary & Pines define their service area as Aroostook County in Maine which includes the following Zip codes:

00125 – Outarea	00137 – Outarea	00138 – Outarea	00148 – Outarea
04471 – Orient	04497 – Wytopitlock	04730 – Houlton	04769 – Presque Isle
04733 – Benedicta	04734 – Blaine	04735 – Bridgewater	04772 – Saint Agatha
04739 – Eagle Lake	04740 – Easton	04764 – Oxbow	04742 – Fort Fairfield
04743 – Fort Kent	04745 – Frenchville	04746 – Grand Isle	04747 – Island Falls
04750 – Limestone	04751 – Limestone	04756 – Madawaska	04780 – Smyrna Mills
04758 – Mars Hill	04760 – Monticello	04787 – Westfield	04762 – New Sweden
04763 – Oakfield	04766 – Perham	04768 – Portage	04741 – Estcourt Station
04732 – Ashland	04736 – Caribou	04773 – Saint David	04774 – Saint Francis
04776 – Sherman	04779 – Sinclair	04757 – Mapleton	04781 – Wallagrass
04783 – Stockholm	04785 – Van Buren	04786 – Washburn	04761 – New Limerick

During 2021, Cary Medical Center received 97% of its Medicare inpatients from this area. There are three other healthcare facilities within this community: Northern Light AR Gould Hospital, Northern Maine Medical Center, and Houlton Regional Hospital.



Current Population :

68,646

Source: Stratasan, ESRI (2022)

Aroostook County Demographics

Race/Ethnicity

	Aroostook County	Maine
White	*94.3%*	*93.8%*
Black	*1.2%*	*1.6%*
Asian & Pacific Islander	*0.5%*	*1.4%*
Other	*3.9%*	*3.2%*
Hispanic*	*1.5%*	*1.9%*

*Ethnicity is calculated separately from Race

Age

	Aroostook County	Maine
0 – 17	*17.1%*	*18.1%*
18 – 44	*29.2%*	*31.5%*
45 – 64	*28.7%*	*28.8%*
65 +	*25.0%*	*21.6%*

Education and Income

	Aroostook County	Maine
Median Household Income	*$38,332*	*$58,006*
Some High School or Less	*9.7%*	*6.4%*
High School Diploma/GED	*37.4%*	*31.1%*
Some College/ Associates Degree	*32.1%*	*28.8%*
Bachelor's Degree or Greater	*20.8%*	*33.8%*

Source: Stratasan, ESRI (2022)

Community Health Characteristics

The data below provides an overview of Aroostook County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

Health Behaviors

Teen Births *per 1,000*	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
18	**22%**	**36%**	**38%**	**31%**	**18%**
ME: 13	*ME: 19%*	*ME: 30%*	*ME: 31%*	*ME: 34%*	*ME: 22%*

Quality of Life

Suicide Rate: 14.2

Per 100,000
Compared to 16.4 in ME

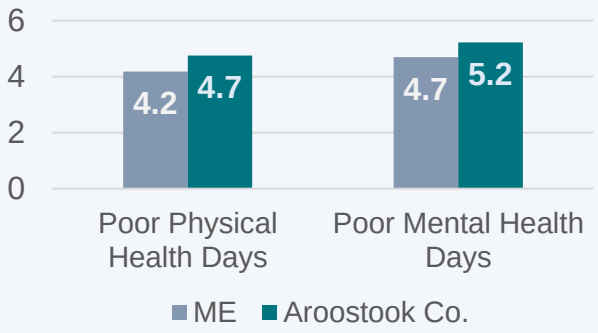
Poor or Fair Health: 21%

Compared to 17% in ME

Low Birthweight: 7%

Compared to 7% in ME

Average number of physically and mentally unhealthy days in the past 30 days



Source: County Health Rankings 2022 Report, worldhealthranking.com (2020)

Socioeconomic Factors

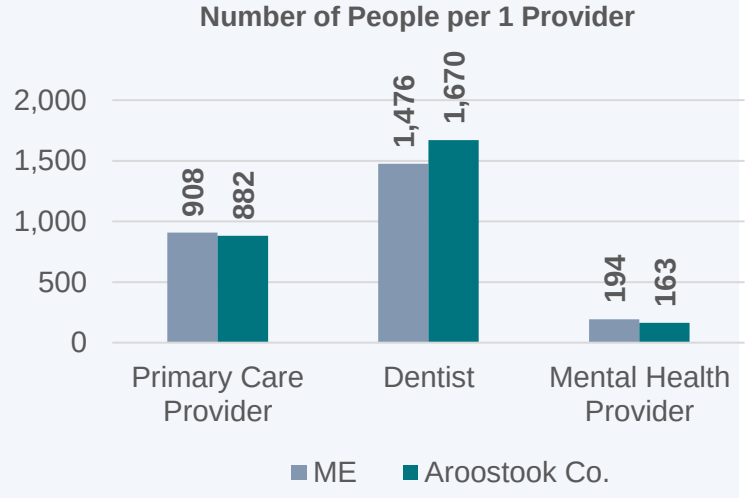
Income Inequality*	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
4.9	**5.7%**	**20%**	**19%**	**120**	**86**
ME: 4.5	*ME: 4.6%*	*ME: 19%*	*ME: 13%*	*ME: 126*	*ME: 98*

Access to Health

Uninsured: 8.3%
Compared to 7.5% in ME

Preventable Hospital Stays: 4,216
Per 100,000
Compared to 3,070 in ME

Access to Exercise Opportunities: 47%
Compared to 57% in ME



Physical Environment

Air Pollution (µg/m³)	Severe Housing Problems**	Driving to Work Alone	Broadband Access
8.0	**13%**	**81%**	**72%**
ME: 5.9	*ME: 14%*	*ME: 77%*	*ME: 84%*

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

469 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

Ranked Health Priorities

This process included evaluation of health factors, community factors, and personal 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 external social determinants that influence community health.
- Personal factors are the individual decisions 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. 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).

Answer Choices	Weighted Average of Votes (out of 5)
Cancer	4.54
Drug/Substance Abuse	4.48
Mental Health	4.48
Heart Disease	4.33
Diabetes	4.32
Obesity	4.30
Alzheimer's and Dementia	4.29
Women's Health	4.29
Stroke	4.24
Lung Disease	4.15
Dental	4.12
Kidney Disease	4.05
Liver Disease	3.95
Other (please specify)	See appendix

Community Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Healthcare Services: Affordability	4.43
Healthcare Services: Physical Presence (location, services, physicians)	4.39
Access to Senior Services	4.33
Affordable Housing	4.28
Healthcare Services: Prevention	4.19
Access to Childcare	4.18
Employment and Income	4.14
Transportation	4.07
Access to Healthy Food	4.04
Community Safety	4.04
Education System	4.00
Access to Exercise/Recreation	3.87
Social Connections	3.77
Other (please specify)	See appendix

Personal Factors

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

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	4.25
Diet	4.08
Smoking/Vaping/Tobacco Use	4.08
Physical Inactivity	4.04
Excess Drinking	3.98
Risky Sexual Behavior	3.65
Other (please specify)	See appendix

Overall health priority ranking (top 10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Cancer	4.54
Drug/Substance Abuse	4.48
Mental Health	4.48
Healthcare Services: Affordability	4.43
Healthcare Services: Physical Presence (location, services, physicians)	4.39
Heart Disease	4.33
Access to Senior Services	4.33
Diabetes	4.32
Obesity	4.30
Alzheimer's and Dementia	4.29
Women’s Health	4.29
Affordable Housing	4.28
Livable Wage	4.25
Stroke	4.24
Healthcare Services: Prevention	4.19
Access to Childcare	4.18
Lung Disease	4.15
Employment and Income	4.14
Dental	4.12
Diet	4.08
Smoking/Vaping/Tobacco Use	4.08
Transportation	4.07
Kidney Disease	4.05
Access to Healthy Food	4.04
Community Safety	4.04
Physical Inactivity	4.04
Education System	4.00
Excess Drinking	3.98
Liver Disease	3.95
Access to Exercise/Recreation	3.87
Social Connections	3.77
Risky Sexual Behavior	3.65

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 US 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 Disparities

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 Disparities
Cancer	✓	✓	✓	✓
Drug/Substance Abuse	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Alzheimer's and Dementia		✓	✓	✓

Overview of Priorities

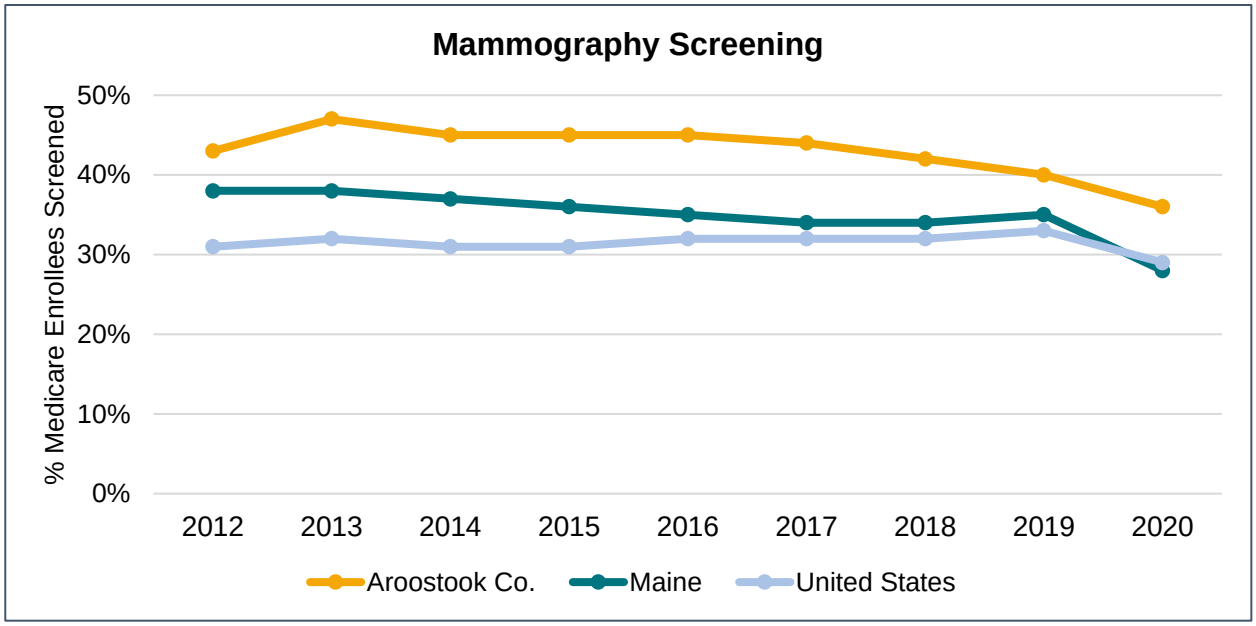
Cancer

Cancer was identified as the #1 health priority with 69.3% of survey respondents rating it as extremely important to be addressed. Cancer is the 2nd leading cause of death in Aroostook County and ranks 8th out of 16 counties (with 1 being the worst in the state) in Maine for cancer death rate (World Life Expectancy).

Aroostook County has a higher cancer mortality rate but a lower incidence rate than Maine. Additionally, 36% of Medicare enrollees (women age 65+) in Aroostook County received a mammogram in 2020 and this percentage has been decreasing in recent years.

	Aroostook Co.	Maine
Cancer mortality (*per 100,000*)	186.2	146.2
Cancer incidence (*per 100,000*)	470.1	476.0

Source: worldhealthranking.com (2020), National Cancer Institute (2014-2018)



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

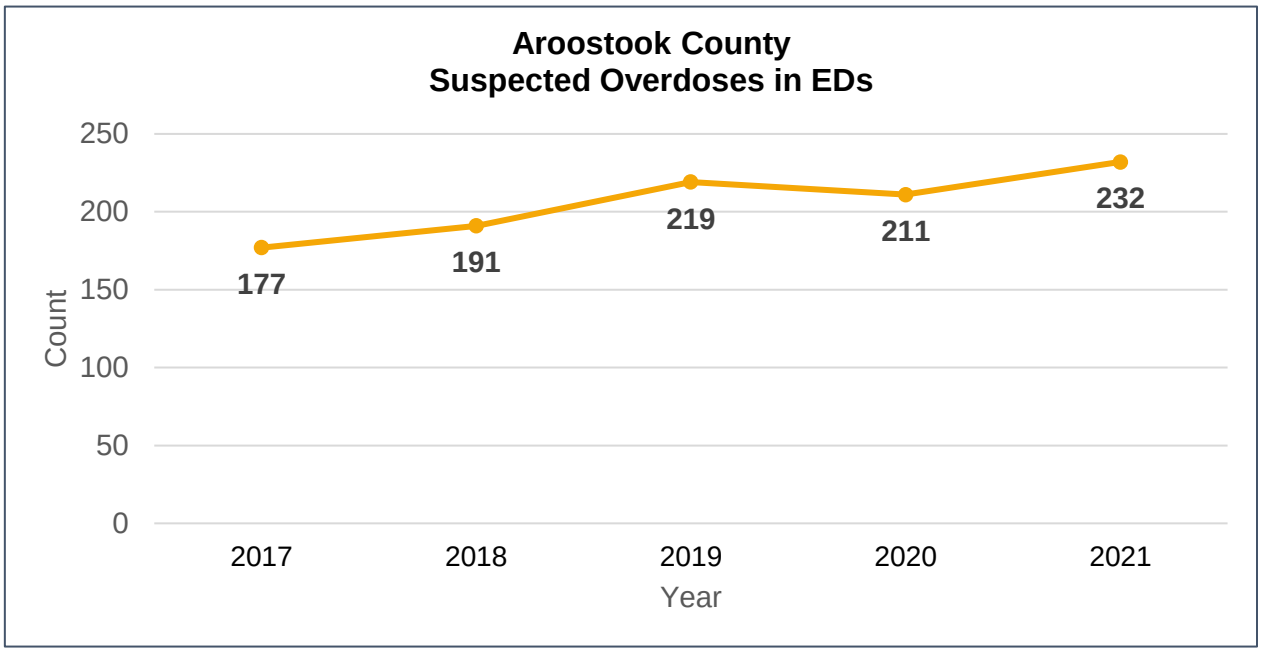
Drug/Substance Abuse

Drug and substance abuse was identified as the #2 health priority with 68.4% of survey respondents rating it as extremely important to be addressed. Drug and substance abuse was identified as a top health priority in 2019.

Aroostook County has lower rates of drug overdose, driving deaths with alcohol involvement, and excessive drinking compared to Maine. In Aroostook County, the number of suspected overdoses in emergency departments (ED) has been increasing in recent years.

	Aroostook Co.	Maine
Drug overdose mortality rate (*per 100,000*)	20	30
Driving deaths with alcohol involvement	31.0%	34.0%
Excessive drinking	18.0%	22.0%

Source: County Health Rankings (2018-2020)



Source: The Maine State Epidemiological Outcomes Workgroup (SEOW)

Mental Health

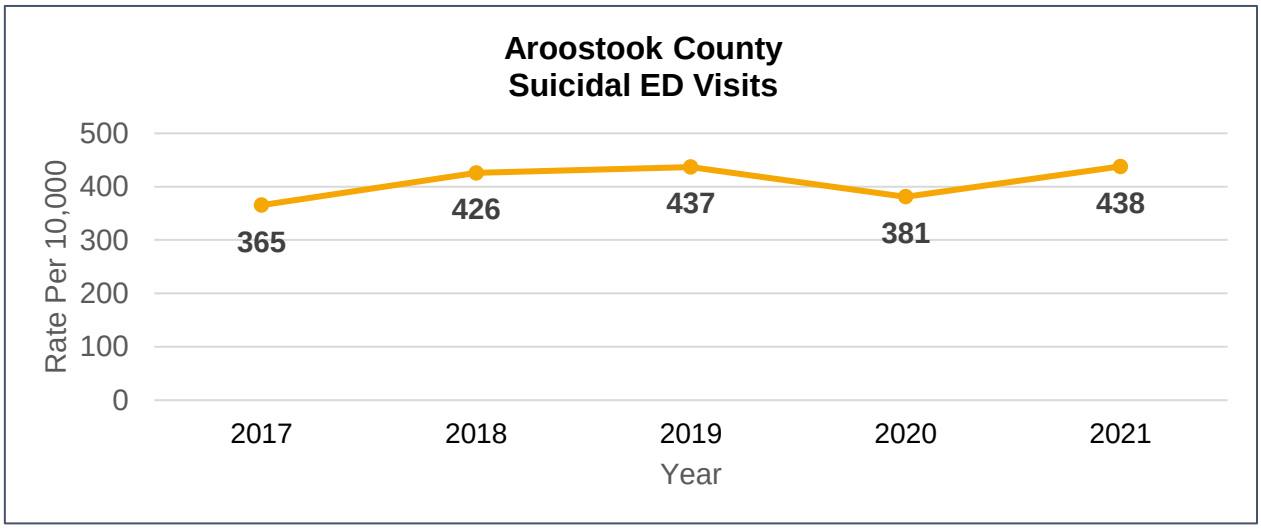
Mental health was the #3 community-identified health priority with 64.2% of respondents rating it as extremely important to be addressed in the community. Mental Health was identified as a top health priority in the 2019 CHNA report. Suicide is the 11th leading cause of death in Aroostook County and ranks 12th out of 16 counties (with 1 being the worst in the state) in Maine for suicide death rate (World Life Expectancy).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of 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 Co.	Maine
Average number of mentally unhealthy days (past 30 days)	5.2	4.7
Number of people per 1 mental health provider	163	194
Suicide death rate (*per 100,000*)	16.4	14.2

Source: County Health Rankings (2019, 2021), worldlifeexpectancy.com (2020)



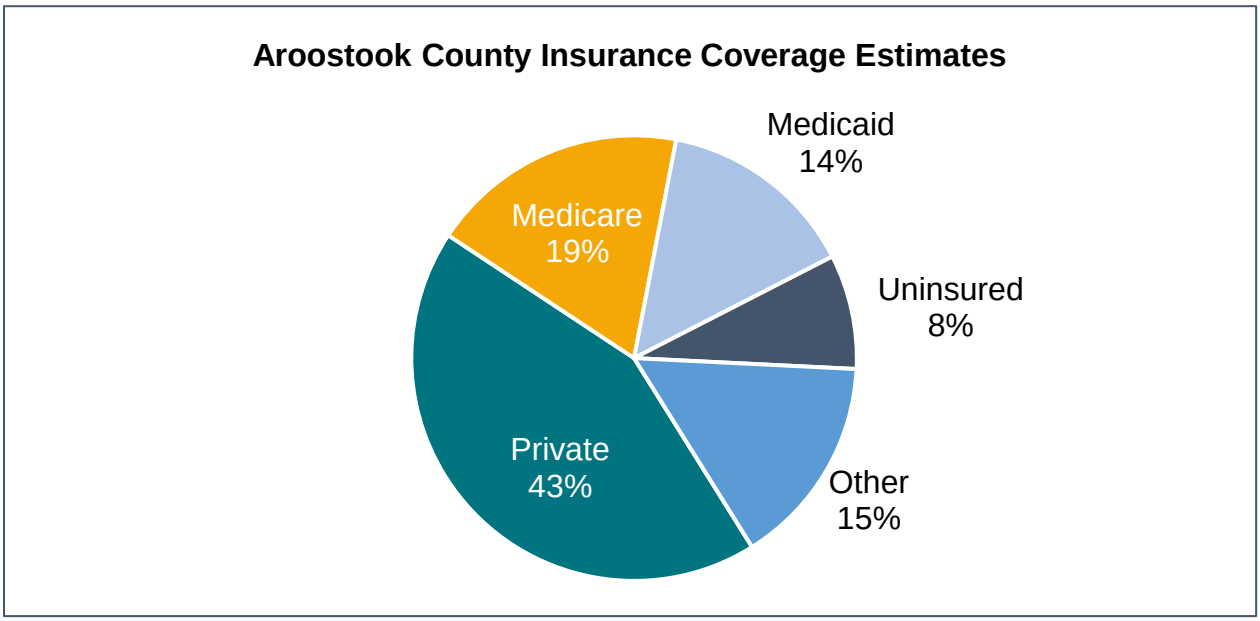
Source: The Maine State Epidemiological Outcomes Workgroup (SEOW)

Healthcare Services: Affordability

Affordability of healthcare services was the #4 identified health need priority in the community with 63.2% of survey respondents rating it as extremely important to be addressed. Approximately 8.3% of Aroostook County's population is uninsured which is higher than the Maine rate (Stratasan, ESRI). Additionally, low-income groups were identified as one of the top priority populations in the community making the affordability of healthcare services an important need.

	Aroostook Co.	Maine
Uninsured	8.3%	7.5%
Median household income	$38,332	$58,006
Adults who did not see a doctor in the past year due to cost	12.9%	10.6%

Source: Stratasan, ESRI (2022), Maine CDC (2015-2017)



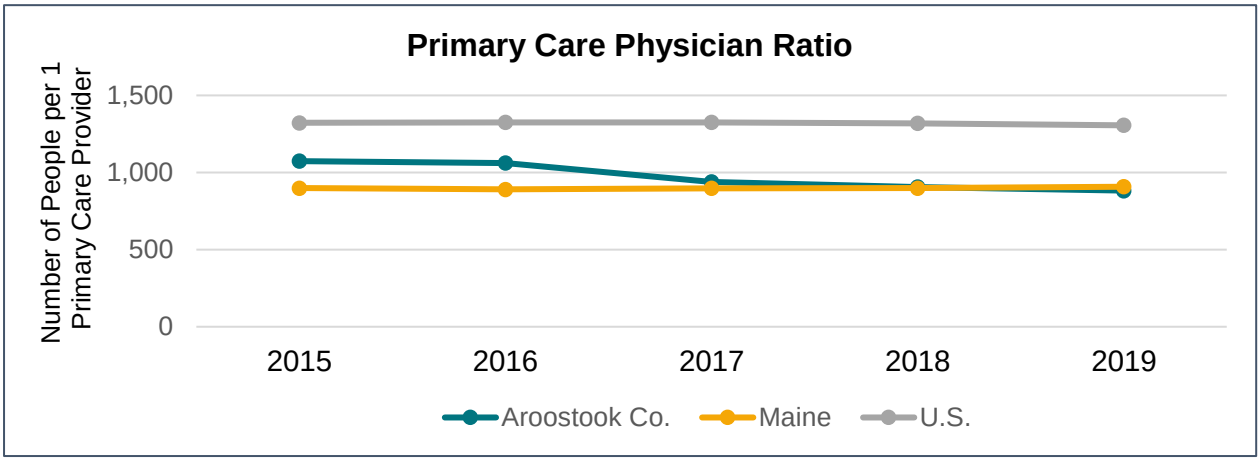
Source: Stratasan, ESRI (2022)

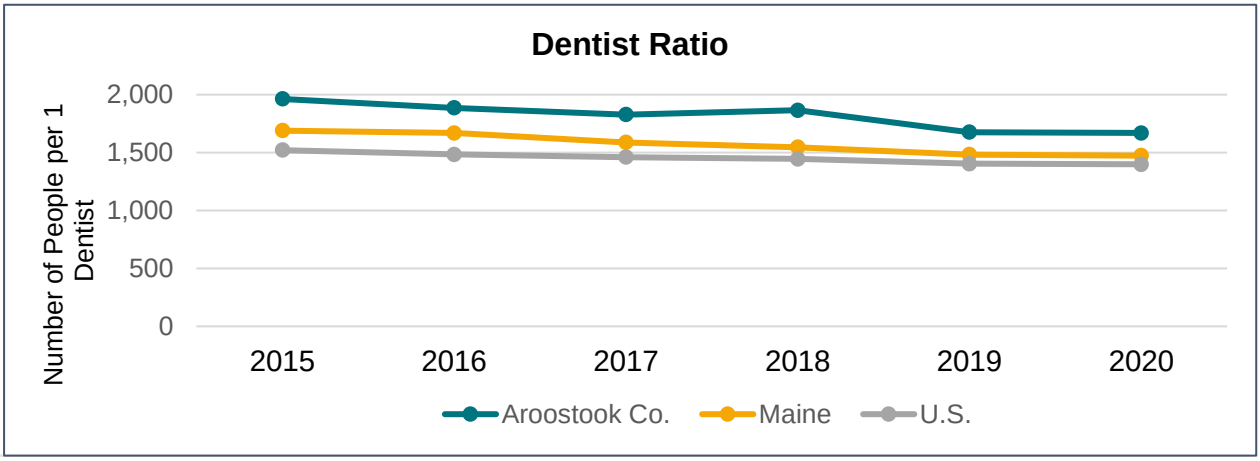
Healthcare Services: Physical Presence

The physical presence of healthcare services was the #5 identified health need priority in the community with 61.1% of survey respondents rating it as extremely important to be addressed. Aroostook County has a slightly lower number of people to primary care physician ratio than Maine (note that the primary care physician ratio includes M.D.s and D.O.s only and excludes advanced practice providers). The people to dentist ratio in Aroostook County is higher than in the state and has been slightly declining in recent years.

	Aroostook Co.	Maine
Number of people per 1 primary care physician	882	908
Number of people per 1 dentist	1,670	1,476
Primary care visits that were more than 30 miles from the patient's home	17.7%	20.0%

Source: County Health Rankings (2019, 2020), Maine CDC (2019)





Source: County Health Rankings 2022 Report

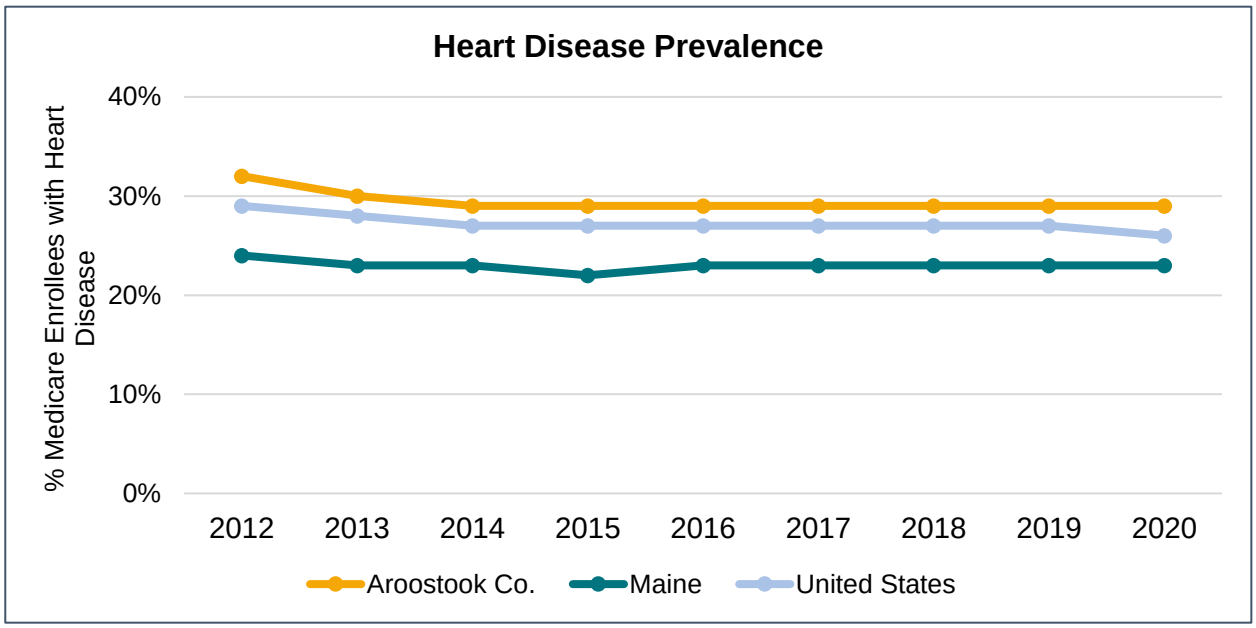
Heart Disease

Heart Disease was identified as the #6 health priority with 50.2% of survey respondents rating it as extremely important to be addressed. Heart Disease is the leading cause of death in Aroostook County and ranks 4th out of 16 counties (with 1 being the worst in the state) in Maine for heart disease death rate (World Life Expectancy).

Aroostook County has a higher heart disease mortality rate than Maine. Additionally, Aroostook County has a higher prevalence of heart disease among Medicare enrollees compared to both Maine and the U.S.

	Aroostook Co.	Maine
Heart disease mortality (*per 100,000*)	193.5	146.2

Source: worldhealthranking.com (2020)



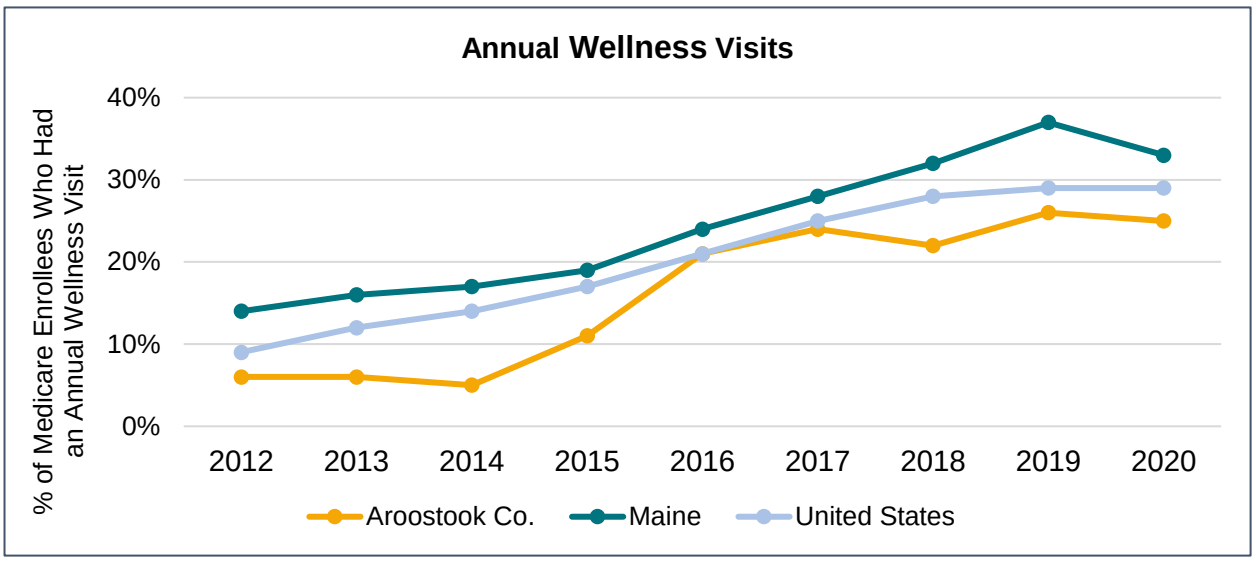
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Access to Senior Services

Access to senior services was identified as the #7 health priority with 55.8% of respondents rating it as extremely important to address. 25% of Aroostook County residents are age 65 or older, which is higher than the state average. For Medicare enrollees (65+) in Aroostook County, 25% had received an annual wellness visit in 2020, representing a decrease from 2019. Additionally, older adults were identified as the top priority population in the community making access to senior services especially important.

	Aroostook Co.	Maine
Population 65+	25.0%	21.6%
Annual wellness visits	25.0%	33.0%

Source: Stratasan, ESRI (2022), Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population (2020)



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

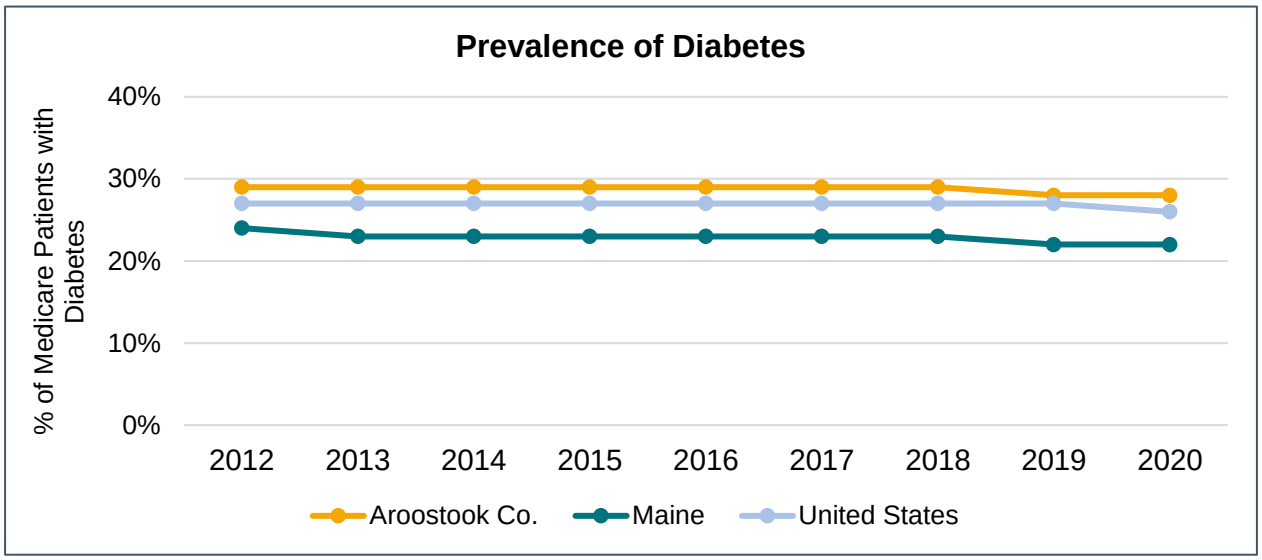
Diabetes and Obesity

Diabetes was identified as the #8 health priority with 52.3% of respondents rating it as extremely important to address. Obesity was the #9 health priority identified in the community survey with 53.3% of respondents rating it as extremely important to address in the community. Diabetes is the 7th leading cause of death in Aroostook County and ranks 7th out of 16 counties (with 1 being the worst in the state) in Maine for diabetes death rate (World Life Expectancy).

Aroostook County has a higher rate of diabetes mortality and rate of emergency department (ED) discharges with a principal diagnosis of diabetes compared to Maine. Aroostook County also has higher rates of adult obesity and physical inactivity. Both are well-established risk factors for type 2 Diabetes development (American Diabetes Association). In the Medicare population, Aroostook County has a higher prevalence of diabetes than Maine and the U.S.

	Aroostook Co.	Maine
Diabetes mortality (*per 100,000*)	26.3	23.9
Diabetes ED rate (*per 10,000*)	46.1	31.2
Adult obesity	38.0%	31.0%
Physical inactivity	36.0%	30.0%
Food insecurity	16.0%	12.4%

Source: worldhealthranking.com (2020), Maine CDC (2016-2018) (2019), County Health Rankings (2019)



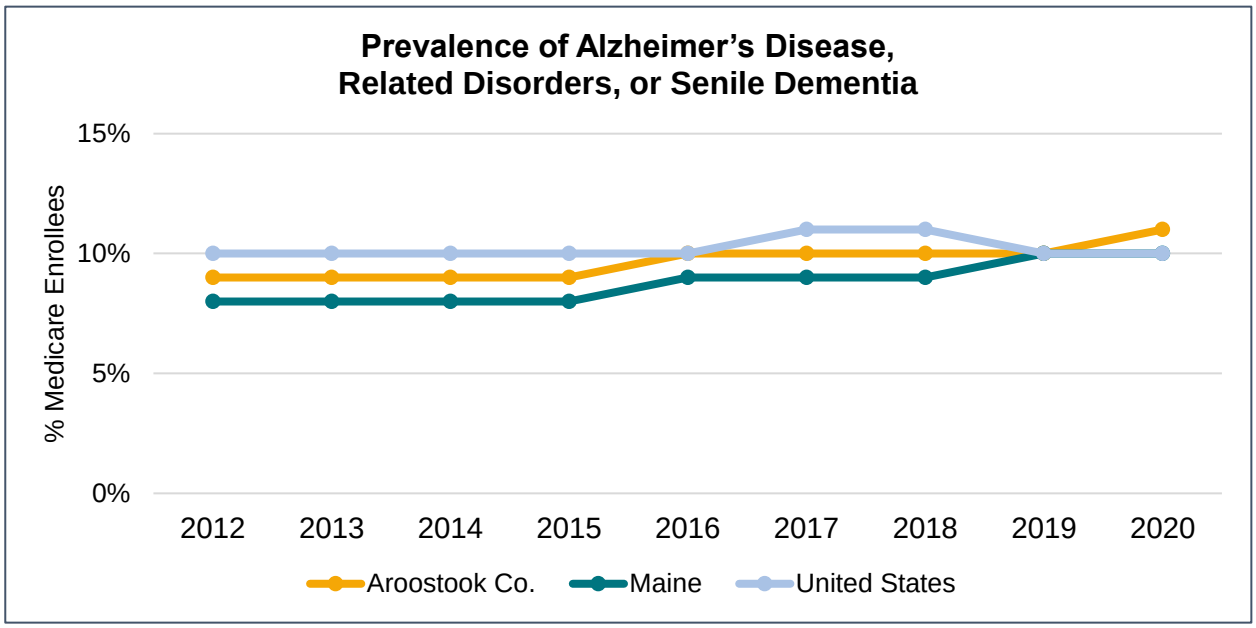
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Alzheimer's and Dementia

Alzheimer's and dementia were identified as the #10 health priority with 53.1% of respondents rating them as extremely important to address in the community. Alzheimer's is the 8th leading cause of death in Aroostook County and ranks 8th out of 16 counties (with 1 being the worst in the state) in Maine for Alzheimer's death rate (World Life Expectancy). Aroostook County has a slightly higher prevalence of Alzheimer's and dementia than Maine and the rate has been relatively stable in recent years.

	Aroostook Co.	Maine
Alzheimer's mortality (*per 100,000*)	24.5	27.9

Source: worldhealthranking.com (2020)



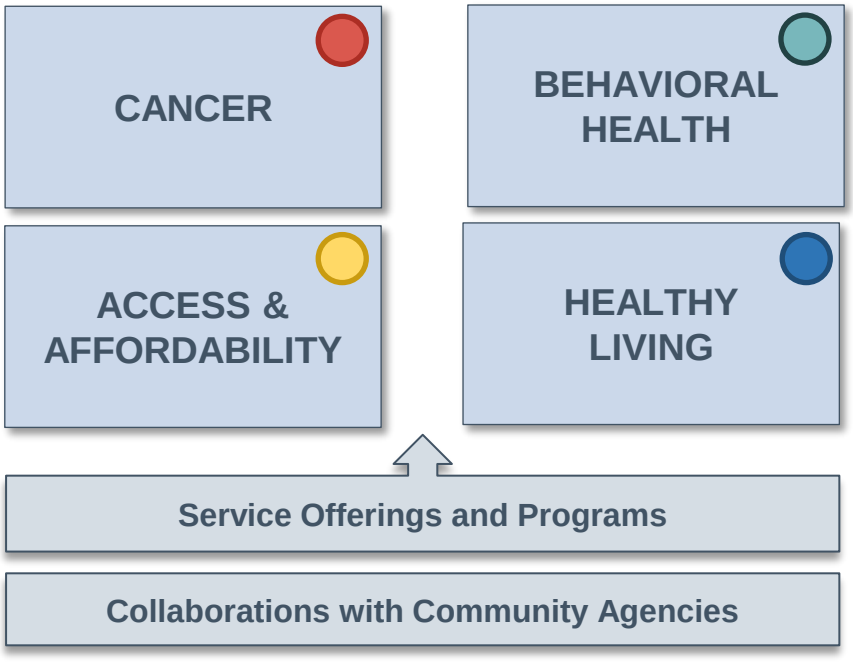
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Implementation Plan Strategy

Implementation Plan Framework

Cary & Pines have determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources.

- Cancer
- Mental Health
- Drug/Substance Abuse
- Affordability of Healthcare Services
- Presence of Healthcare Services
- Access to Senior Services
- Heart Disease
- Diabetes
- Obesity
- Alzheimer's and Dementia



Cancer

Cary & Pines services, programs, and resources available to respond to this need include:

- Oncologist/Hematologist services
- Urology services
- Women's Imaging Center with 3D digital mammography screening
- Pink Aroostook - a breast health program designed for support, advocacy, education, and awareness of breast health issues in northern Maine.
- "In the Pink" campaign to encourage women to receive mammograms
- Public awareness campaigns for colorectal cancer and colonoscopy promotion
- Promote low-dose CT scanner for lung cancer screenings

The impact of actions taken since the immediately preceding CHNA:

- Conducted community campaigns to promote cancer screening and early detection
- Hosted Lights of Hope fundraiser in honor of the American Cancer Society Cancer Action Network
- Hosted multiple awareness and fundraising events with Pink Aroostook
- Continued to provide low-dose CT screening through a grant from the Maine Cancer Foundation

Additionally, Cary & Pines plan to take the following steps to address this need:

- Evaluate restarting the smoking cessation program
- Hire a full-time oncologist to serve the community
- Explore partnership opportunities with cancer centers to provide advanced technologies for cancer screening and treatment
- Increase promotion of the Maine CDC Breast and Cervical Health Program
- Identify opportunities to increase awareness of prostate cancer

Identified measures and metrics to progress:

- Number of mammography screenings performed
- Number of low-dose CT scans performed (trend data)

Partner organizations that may also address this need in the community:

Organization	Contact/Information
American Cancer Society	https://www.cancer.org/about-us/local/maine.html
American Cancer Society Cancer Action Network	https://www.fightcancer.org/
National Breast Cancer Coalition	https://www.stopbreastcancer.org/
Maine Cancer Foundation	https://mainecancer.org/
Maine Breast & Cervical Health Program	https://www.maine.gov/dhhs/mecdc/population-health/bcp/
Jefferson Cary Cancer Center	163 Van Buren Rd., Caribou, ME 04736

Cary & Pines services, programs, and resources available to respond to this need include:

- 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

The impact of actions taken since the immediately preceding CHNA:

- Supported the opening of two new recovery houses in the community
- Continuously working to recruit behavioral health workers
- Conducted promotional campaigns for suicide and substance use prevention and recovery

Additionally, Cary & Pines plan to take the following steps to address this need:

- Look to restart the Hidden In Plain Sight Program – an education program for parents and adults about risky teen behavior focusing on substance use

- Hire additional behavioral health staff
- Explore offering peer-to-peer counselors through a partnership with a local organization
- Explore grant opportunities for education and programming around behavioral health needs

Identified measures and metrics to progress:

- Utilization of behavioral health services
- Number of patients in MAT program

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Aroostook Mental Health Center - AMHC	https://www.amhc.org/
Eastern Aroostook School District	https://www.rsu39.org/
Caribou Police Department	https://cariboupolicedepartment.org/
Local coalitions (Healthy You, Community Voices, Drug Free Aroostook, Link for Hope)	https://www.carymedicalcenter.org https://www.facebook.com/people/link-for-hope/100067094173854 https://www.acap-me.org
Carl Center	https://www.carlcenter.org
Roads to Recovery Community Center	1 Water St., Caribou, ME, 04736 https://www.amhc.org

Access and Affordability

Cary & Pines services, programs, and resources available to respond to this need include:

- 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

The impact of actions taken since the immediately preceding CHNA:

- Hosted free COVID-19 vaccine clinics
- Hosted free flu vaccine clinics
- Sponsored and participated in local health fairs and school wellness days that include education on physical activity, fitness programs, and nutrition, and provide free screenings for blood sugar, glucose, cholesterol, BMI, and blood pressure
- Pines' patients now have access to MyChart patient portal to increase access to medical history, appointment information, and test results

Additionally, Cary & Pines plan to take the following steps to address this need:

- Work to provide transportation to appointments through a partnership with the Caribou Area Ride Service (CARS)
- Increase promotion and awareness of services and resources available at Cary & Pines
- Evaluate opportunities for expanding specialty services through telehealth appointments
- Support the Area Agency on Aging in providing Alzheimer's and Dementia services through a new grant opportunity

Identified measures and metrics to progress:

- Number of patients assisted in enrollment in MaineCare and Marketplace
- Number of free screenings performed

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Aroostook Agency on Aging	https://www.aroostookaging.org/
Age Friendly Caribou	https://www.cariboumaine.org/age-friendly-resources/
Caribou Area Ride Service (CARS)	https://www.cariboumaine.org/cars-caribou-area-ride-service/
Maine DHHS - MaineCare	https://www.maine.gov/dhhs/ofi/programs-services/health-care-assistance
Eastern Aroostook School District	https://www.rsu39.org/

Cary & Pines services, programs, and resources available to respond to this need include:

- 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

The impact of actions taken since the immediately preceding CHNA:

- Sponsored and participated in local health fairs and school wellness days that include education on physical activity, fitness programs, and nutrition, and provide free screenings for blood sugar, glucose, cholesterol, BMI, and blood pressure
- Sponsored many local runs/walks, 5Ks, and bike events
- Community-sponsored food cupboard located at Pines
- Sponsored food drives during Hospitals Against Hunger Week

- Worked with local businesses to encourage physical activity and healthy eating for employees
- Promotion of community-supported agriculture, community garden, farm stands, and farmer's markets to encourage purchasing and consuming locally-grown produce
- Increased promotion and signage at outdoor trails and parks to promote free exercise opportunities
- Sponsored youth recreational activities to increase exercise and healthy living
- Posted a community newsletter in the weekly newspaper to increase awareness of services provided at Cary & Pines

Additionally, Cary & Pines plan to take the following steps to address this need:

- Explore grant opportunities for healthy living programming
- Look to restart the smoking cessation program
- Look to restart Lunch 'n' Learn sessions through the Seniority Program
- Look for opportunities to increase programming in local schools

Identified measures and metrics to progress:

- Number of participants in the Healthy You programs
- Number of participants in walking challenges
- Number of participants in youth recreational programming

Partner organizations that may also address this need in the community:

Organization	Contact/Information
Healthy Living for ME	https://www.healthylivingforme.org/
Caribou Parks & Recreation Department	https://www.caribourec.org/
Aroostook County Collaborative	https://www.facebook.com/aroostookcountycollaborative
Eastern Aroostook School District	https://www.rsu39.org/
Local food pantries	https://foodpantries.org/ci/me-caribou

Appendix

Community Data

Community Demographics

Demographic Profile

	Aroostook County				Maine				US AVG.	
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total	% Change	% of Total
Population										
Total Population	***68,646***	***66,707***	***-2.8%***	***100.0%***	***1,377,775***	***1,404,714***	***2.0%***	***100.0%***	***3.6%***	***100.0%***
By Age										
00 - 17	11,718	11,322	*-3.4%*	*17.1%*	249,095	249,466	*0.1%*	*18.1%*	*2.4%*	*21.7%*
18 - 44	20,071	18,910	*-5.8%*	*29.2%*	433,839	434,227	*0.1%*	*31.5%*	*2.7%*	*36.0%*
45 - 64	19,691	17,734	*-9.9%*	*28.7%*	397,062	375,797	*-5.4%*	*28.8%*	*-2.2%*	*25.0%*
65+	17,166	18,741	*9.2%*	*25.0%*	297,779	345,224	*15.9%*	*21.6%*	*15.2%*	*17.3%*
Female Childbearing Age (15-44)	10,941	10,277	*-6.1%*	*15.9%*	236,719	235,810	*-0.4%*	*17.2%*	*2.5%*	*19.5%*
By Race/Ethnicity										
White	64,729	62,336	*-3.7%*	*94.3%*	1,291,892	1,304,936	*1.0%*	*93.8%*	*1.4%*	*69.2%*
Black	847	1,080	*27.5%*	*1.2%*	22,601	27,107	*19.9%*	*1.6%*	*4.9%*	*13.0%*
Asian & Pacific Islander	373	384	*2.9%*	*0.5%*	18,714	21,467	*14.7%*	*1.4%*	*13.6%*	*6.1%*
Other	2,697	2,907	*7.8%*	*3.9%*	44,568	51,204	*14.9%*	*3.2%*	*10.0%*	*11.7%*
Hispanic*	1,017	1,201	*18.1%*	*1.5%*	26,317	32,125	*22.1%*	*1.9%*	*10.9%*	*18.9%*
Households										
Total Households	30,201	29,577	*-2.1%*		587,623	602,513	*2.5%*			
Median Household Income	$ 38,332	$ 41,485			$ 58,006	$ 63,734			*US Avg. $64,730 | $72,932*	
Education Distribution										
Some High School or Less				*9.7%*				*6.4%*		*11.1%*
High School Diploma/GED				*37.4%*				*31.1%*		*26.8%*
Some College/Associates Degree				*32.1%*				*28.8%*		*28.5%*
Bachelor's Degree or Greater				*20.8%*				*33.8%*		*33.6%*

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI (2022)

Leading Causes 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 was compared to all other Maine counties, Maine state average, and whether the death rate was higher, lower, or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in ME (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Aroostook County Compared to U.S.)
ME Rank	Aroostook Rank	Condition		ME	Aroostook	
2	1	Heart Disease	4 of 16	146.2	193.5	***Higher than expected***
1	2	Cancer	8 of 16	161.5	186.2	***Higher than expected***
4	3	Lung	9 of 16	41.5	51.2	***Higher than expected***
3	4	Accidents	14 of 16	76.9	43.3	***As expected***
5	5	Stroke	9 of 16	33.0	42.6	***As expected***
12	6	Kidney	2 of 16	11.3	26.8	***Higher than expected***
7	7	Diabetes	7 of 16	23.9	26.3	***As expected***
6	8	Alzheimer's	8 of 16	27.9	24.5	***Lower than expected***
11	9	Flu - Pneumonia	1 of 16	11.6	20.0	***Higher than expected***
8	10	COVID-19	8 of 16	20.8	17.1	***Lower than expected***
9	11	Suicide	12 of 16	16.4	14.2	***As expected***
10	12	Liver	3 of 16	13.9	11.0	***As expected***
15	13	Blood Poisoning	8 of 16	3.2	7.2	***As expected***
13	14	Parkinson's	16 of 16	11.0	5.2	***As expected***
14	15	Hypertension	11 of 16	7.3	4.7	***Lower than expected***
16	16	Homicide	11 of 16	1.6	1.8	***Lower than expected***

**County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US*

Source: worldlifeexpectancy.com (2020)

County Health Rankings

	Aroostook	Maine	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank *(best being #1)*	***9/16***			
- Premature Death*	**7,454**	7,189	8,200	5,400
Quality of Life				
Overall Rank *(best being #1)*	***14/16***			
- Poor or Fair Health	**21%**	17%	17%	12%
- Poor Physical Health Days	**4.7**	4.2	3.9	3.1
- Poor Mental Health Days	**5.2**	4.7	4.2	3.4
- Low Birthweight	**7%**	7%	8%	6%
Health Behaviors				
Overall Rank *(best being #1)*	***13/16***			
- Adult Smoking	**22%**	19%	17%	14%
- Adult Obesity	**38%**	31%	33%	26%
- Physical Inactivity	**36%**	30%	27%	20%
- Access to Exercise Opportunities	**47%**	57%	66%	91%
- Excessive Drinking	**18%**	22%	18%	13%
- Alcohol-Impaired Driving Deaths	**31%**	34%	28%	11%
- Sexually Transmitted Infections*	**243.1**	296.8	327.4	161.4
- Teen Births *(per 1,000 female population ages 15-*	**18**	13	28	13
Clinical Care				
Overall Rank *(best being #1)*	***11/16***			
- Uninsured	**13%**	10%	11%	6%
- Population per Primary Care Provider	**882**	908	2,070	1,030
- Population per Dentist	**1,670**	1,476	2,410	1,240
- Population per Mental Health Provider	**163**	194	890	290
- Preventable Hospital Stays	**4,216**	3,070	4,710	2,761
- Mammography Screening	**54%**	47%	41%	50%
- Flu vaccinations	**37%**	45%	43%	53%
Social & Economic Factors				
Overall Rank *(best being #1)*	***12/16***			
- High school graduation	**90%**	93%	90%	96%
- Unemployment	**5.5%**	5.4%	3.9%	2.6%
- Children in Poverty	**19%**	13%	20%	11%
- Income inequality**	**4.9**	4.5	4.4	3.7
- Children in Single-Parent Households	**20%**	19%	32%	20%
- Violent Crime*	**120**	126	205	63
- Injury Deaths*	**86**	98	84	58
- Median household income	**$45,523**	$59,145	$50,600	$69,000
- Suicides	**16**	18	17	11
Physical Environment				
Overall Rank *(best being #1)*	***14/16***			
- Air Pollution - Particulate Matter (µg/m³)	**8.0**	5.9	9.4	6.1
- Severe Housing Problems***	**13%**	14%	14%	9%
- Driving to work alone	**81%**	77%	81%	72%
- Long commute - driving alone	**20%**	33%	31%	16%

Per 100,000 Population

****Ratio of household income at the 80th percentile to income at the 20th percentile***

*****Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

Key (Legend)

- Better than ME
- The same as ME
- Worse than ME

Source: County Health Rankings 2022 Report

Detailed Approach

Cary Medical Center & Pines Health Services (“Cary & Pines” or the “Organizations”) are organized as not-for-profit organizations. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit healthcare organizations as a condition of retaining tax-exempt status. This study is designed to comply with the standards required of a not-for-profit organization.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit healthcare organization must document the following:

- Financial assistance policy and policies relating to emergency medical care;
- Billing and collections; and
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

Cary & Pines partnered with QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Organizations with the information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the health organizations to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit healthcare organizations qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term ‘Charitable Organization’ is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have the means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax exemption. Community Benefit determines if healthcare organizations promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) healthcare organizations must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the facility, including those with special knowledge or expertise of public health issues.
- The healthcare organizations must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each healthcare organization is required to make the assessment widely available and downloadable from the organizations' websites.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*
>
> *1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
> *2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
> *3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*
>
> *…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."*

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this assessment.

To complete a CHNA:

> *"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:*
>
> 1) *A definition of the community served by the hospital facility 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 hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
> 4) *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*
> 5) *a description of resources potentially available to address the significant health needs identified through the CHNA.*
>
> *… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."*

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Organizations followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comments but did not maintain identification data.

> *"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."*

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Organizations asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following 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) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community served by the Organizations. Also, in other federal regulations the term Priority Populations, which includes rural residents and LGBT interests, is employed and for consistency is included in this definition
4) **Chronic Disease Groups** – Representative of or member of a Chronic Disease Group or Organizations, including mental and oral health
5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
6) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics
7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.
8) **Member of a Faith-Based Organization** – Community members who participate or identify as being part of a faith-based organization in the community.
9) **Local Business/Industry Leader** – Individuals who represent local industry and have specific knowledge of the community.
10) **Other** (please specify)

The methodology takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistencies or discrepancies by reviewing the combined opinions formed by local experts. The Organizations rely on secondary source data, and most secondary sources use 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 survey respondents cooperating in this study are displayed in this CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	August 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	August 2022	2013-2020
www.worldlifeexpectancy.com/usa-health-rankings	15 top causes of death	August 2022	2020
Bureau of Labor Statistics	Unemployment rates	August 2022	2021
The Maine State Epidemiological Outcomes Workgroup (SEOW)	Drug overdose and mental health data	September 2022	2017-2021
NAMI	Statistics on mental health rates and services	September 2022	2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	September 2022	2020
Maine CDC, Aroostook County Health Profile	County-level health factor data	September 2022	2015-2019
American Diabetes Association	Type 2 diabetes risk factors	September 2022	2005
National Cancer Institute	Cancer incidence rates	September 2022	2014-2018

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to Local Expert Advisors and the general community 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 geographically diverse population. Community input from 469 survey respondents was received. Survey responses started on August 1st and ended on August 19th, 2022.

Having taken steps to identify potential community needs, the respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of 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 Organizations' process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

The ranked needs were divided into two groups: "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.

Survey Results

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

Q1: What zip code do you live in?

Answer Choices	Responses	
04736	45.61%	213
04785	7.49%	35
04769	6.64%	31
04750	6.00%	28
04742	4.07%	19
04762	3.64%	17
04786	3.64%	17
04783	2.57%	12
04756	2.57%	12
04740	1.50%	7
04743	1.28%	6
04734	1.28%	6
04766	1.28%	6
04757	1.28%	6
04730	0.86%	4
04768	0.86%	4
04758	0.86%	4
04746	0.86%	4
04732	0.86%	4
04779	0.64%	3
04772	0.64%	3
04745	0.64%	3
04760	0.64%	3
04739	0.43%	2
04376	0.43%	2
04773	0.43%	2
04735	0.43%	2
04862	0.21%	1
04759	0.21%	1
04886	0.21%	1
04780	0.21%	1
04787	0.21%	1
04781	0.21%	1
04869	0.21%	1
22534	0.21%	1
05769	0.21%	1
04763	0.21%	1
04740	0.21%	1
04497	0.21%	1
	Answered	467
	Skipped	7

Q2: Where do you receive your healthcare services? (please select all that apply)

Answer Choices	Responses	
Cary Medical Center	67.59%	317
Pines Health Services	71.22%	334
Somewhere other than Cary/Pines (please specify)	40.30%	189
	Answered	469
	Skipped	5

Comments:

- Northern Light AR Gould Hospital (51)
- Northern Light Eastern Maine Medical Center (48)
- Northern Maine Medical Center (16)
- VA (9)
- Fish River Rural Health (6)
- Full Circle Healthcare (6)
- KVHC (5)
- Bangor Maine (5)
- PI Family Practice (4)
- Dr. Conner (3)
- Houlton Regional Hospital (3)
- Maine Family Planning (3)
- Maine Medical Center (3)
- Phoenix Direct (3)
- Aroostook Wellness (2)
- St Joseph's (2)
- All others 1 or less

Q3: Please select all roles that apply to you.

Answer Choices	Responses	
Community Resident	75.54%	349
Healthcare Professional	19.26%	89
Educator	11.69%	54
Member of a Faith Based Organization	11.69%	54
Government Employee or Representative	8.87%	41
Local Business/Industry Leader	4.76%	22
Representative of Chronic Disease Group or Advocacy Organization	1.73%	8
Minority or Underserved Population	1.52%	7
Public Health Official	1.08%	5
	Answered	462
	Skipped	12

Q5: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

Answer Choices	Responses	
Older adults	74.38%	331
Low-income groups	57.98%	258
Individuals requiring additional healthcare support	42.02%	187
Residents of rural areas	40.90%	182
Women	28.76%	128
Children	27.87%	124
LGBTQ+	11.24%	50
Racial and ethnic minority groups	10.11%	45
	Answered	445
	Skipped	29

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

- Affordable healthcare (29)
- Access to care (27)
- Transportation (26)

- Access to providers (22)
- Access to specialists (21)
- Mental health care (17)
- Senior care/resources for seniors (13)
- Timely access to appointments/quick care (11)
- Social/economic needs and resources (10)
- Insurance (9)
- Prescription drug costs (8)
- Home healthcare (8)
- Education/outreach of services (6)
- Follow-up/continuous care (5)
- Communication (4)
- Dental care (4)
- Chronic disease management (4)
- All others (28)

Key Comments:

- Assistance to access healthcare services - transportation, etc. for smaller communities. Low-cost prescriptions. Healthcare education about common disorders/diseases and their risk. Support for food, housing and heat.
- Given the age of people in Aroostook County, and how more frequently they often need healthcare, having good access is important for them.
- More service locally to prevent having to go to Bangor and beyond.
- Affordable care options. Quick access in emergency situations that are not severe enough to warrant an emergency room visit (walk in clinic)
- Lower cost, higher quality and more individualized services
- Often low income and older adults are part of the same group. Access to care is not always available. If individuals require extra care beyond what the staff at Pines and Cary can provide, it is often impossible to get to those professionals in a timely manner.
- I feel sometimes the lower income groups aren't aware of programs available to enable them to get medical care.
- More access to mental health, dentistry, specialty services, cardiology, neurology, geriatrics

Q5: Please share comments or observations about the actions Cary & Pines has taken to address Drug and Alcohol Abuse.

Answer Choices	Responses
Unknown	37
Increased awareness/education	32
Increased efforts, programs unspecified	25
Needs improvement in the future	12
None	9
Increased partnerships for services	7
Rehabilitation services	2
MAT program	2
Other	21

Key Comments:

- I believe you've informed the public in all categories with up-to-date information!
- Cary & pines has helped to get the word out for awareness and guidance on how and where they can go to get help.
- Partnership with amhc to address needs in the community, both prevention and treatment
- Have noticed media campaign for substance abuse; like especially the one regarding behaviors associated with vaping. Also have noted that there are an increased number of sites where unused medications can be returned
- Worked with community health partners to establish both and men's and women's home for SUD
- CMC/pines have partnered with various organizations to assist in addressing the drug and alcohol abuse concerns in aroostook county and had even created it's own psas to aide in assisting those in need of help with SUD.
- Cary has been very involved in creating resources for those struggling with drug and alcohol abuse, particularly for veterans.
- Very involved with recovery, medication assisted therapy
- Programs for rehabilitation have been offered.
- Working very hard on it to help with drug and alcohol abuse
- Drug and alcohol classes and support personal.

Q6: Please share comments or observations about the actions Cary & Pines has taken to address Mental Health.

Answer Choices	Responses
Unknown	35
Increased awareness/education	21
Still need more providers	15
None	12
Increased efforts, programs unspecified	12
Needs improvement in the future	8
Increased partnerships for services	4
Assistance in the ER	4
Medication assistance	2
Therapists available	2
Other	23

Key Comments:

- Great public awareness. Would be beneficial to partner with the schools to provide additional mental health services.
- This has become a major concern as there are not enough providers (social workers/psychiatrists) in the State.
- Workshops with AMHC and working collaboratively.
- Good, not enough staff. Too long to wait for an appt.
- Advertisements bring awareness to assistance available.
- Pines Health integrated behavioral health with primary care.
- Mental health support is lacking. We need more support and we need to remove the stigma surrounding mental health and seeking treatment.
- Full cooperation with local mental health facilities especially for patients that come through the Emergency Department.
- TV spots and programs, printed posters and brochures, sponsorship of related topics.
- They are taking action. Need more professionals for the mentally ill and addition and drugs.
- We are and must grow together as mental health is needed now more than even a much needed clinic in mental health would benefit high costs of ER.

Q7: Please share comments or observations about the actions Cary & Pines has taken to address Obesity.

Answer Choices	Responses
Unknown	45
Nutrition programs/cooking classes	21
Increased awareness/education	11
Increased efforts, programs unspecified	11
None	9
Needs improvement in the future	7
Walking promotion	6
Healthy You Program	6
Diabetes clinic	2
Other	22

Key Comments:

- They offered many programs to help with obesity of what I'm aware of.
- More emphasis on healthy eating courses.
- Encouraged individuals to lose weight and exercise. Offered some classes in cooking healthy meals.
- Healthy You Program!
- Education classes on Healthy Eating, i.e. Eat Mediterranean, etc.
- Need to increase focus on reducing obesity in our youth and teens.
- The walking trails at Cary are very nice.
- Cary has had a long-standing commitment to this issue.
- Fitness information on the website.
- Need bariatric services up here badly.
- I believe Cary does care about this issue. But more incentive needs to be done.
- Fitness programs. Nutrition programs, plant based, Mediterranean diet.
- Nutrition classes, Diabetes education.
- Healthy cooking classes, social media posting, primary care providers with Pines, Federally funding clinics to address insurance disparities.
- Advertised programs at Cary.

Q8: Please share comments or observations about the actions Cary & Pines has taken to address Cancer.

Answer Choices	Responses
Increased awareness/education	30
Unknown	30
Cancer Center/oncology services	18
Increased efforts, programs unspecified	16
Need an oncologist in the area	11
Good support for screening and testing	8
Upgrades to equipment and services	6
None	4
Great doctors at Cary	3
Support groups	3
Needs improvement in the future	2
Other	23

Key Comments:

- Lots of great information and assistance in spreading the word about the treatments for cancer and prevention.
- They have a very good cancer center for treating patients.
- Need a permanent oncologist.
- Seems to have nice cancer center and mammography.
- A long term physician would be great to get to know patients so there is less turnover.
- The cancer support group will be starting in Sept to help with the great number of families that find themselves on this path.
- Lung cancer prevention program, mammography/ nurse navigator/cancer issues.
- Updated the Cancer treatment center.
- New oncology center, colon cancer prevention and screen ads.
- Promote cancer screenings, Jefferson Cary Cancer Center.
- New cancer facility.
- Excellent Cancer information and providers for Cancer care.
- I did get the first brochure in the mail that addressed Cancer.

Q9: Please share comments or observations about the actions Cary & Pines has taken to address Tobacco Use.

Answer Choices	Responses
Unknown	46
Increased awareness/education	25
Smoking cessation classes	9
Increased efforts, programs unspecified	8
Smoke-free campus	8
Screening	4
None	3
Other	29

Key Comments:

- Lots of great information about the use of tobacco and how it effects you and your family.
- Lung cancer screening.
- A tobacco free facility.
- Programs have been provided to assist with stop smoking.
- Public awareness and phone numbers for help in quitting.
- Remains a non-smoking campus, has quitting resources available.
- Many people have quit tobacco thanks to their programs.
- Support for Freedom from Smoking cessation classes in partnership with ACAP, Tobacco Toolkits (2 week supply of Nicotine Replacement Therapy items) to be given out by Primary Care providers at Pines to people ready to quit smoking. No smoking facilities, Participation in public events to give out information to guide quitting and available resources online or in the community.
- CMC has grants to address smoking cessation as well as Low Dose CT screening for smokers. Although the screening may not lead to smoking cessation, it may provide greater awareness as well as early detection of lung cancer.
- Working to establish Freedom from Smoking Program, First Totally Smoke Free Campus.
- I'm unsure about this, however I do know they have a smoking cession class.
- Offering patches or smoking cessation to employees.
- My husband was given information and advice. Never was looked down upon as a smoker.

Q10: Please share comments or observations about the actions Cary & Pines has taken to address Diabetes.

Answer Choices	Responses
Unknown	40
Increased awareness/education	23
Increased efforts, programs unspecified	27
Nutrition program/cooking classes	16
None	10
Diabetes clinic/nurse educator	8
Needs improvement in the future	5
Other	20

Key Comments:

- Excellent education and nutrition program.
- Offered education for individuals/nutrition guidance.
- Diabetes prevention/awareness staff.
- Advertising: support groups, education on diets and resources available. These are positive for the community.
- Closely related to obesity problem. Many programs focused on healthy lifestyle, nutrition, etc. address prevention. Great Diabetes Education program.
- Pines and Cary have a comprehensive diabetes management program.
- The Diabetes clinic is an excellent support system.
- CMC/Pines promotes healthy eating and exercise programs as noted above.
- Having diabetes education is very helpful.
- Diabetes clinics at Cary/Pines. Eat Mediterranean - A Healthy Choice, Siruno Stroke Prevention Program.
- Doctor's education and dietitian.
- TV spots and programs, printed posters and brochures, sponsorship of related topics.
- We used to have classes and group meetings. It helped most to maintain their diabetes.
- I have diabetes and with Cary & Pines I have learned a lot as to how to control diabetes.
- Ongoing education and counseling within the Cary/Pines facilities for diabetes patients.

Q11: Do you believe the above data accurately reflects your community today? (data included in this report)

Answer Choices	Responses	
Yes, the data accurately reflects my community today	75.00%	207
No, the data does not reflect my community today	25.00%	69
	Answered	276
	Skipped	198

Comments:

- I think there are more elderly here, we need more in the health care field.
- obesity is rampant probably based on very poor eating habits and meals service establishments.
- Seniors who do not have internet have very little way to know what is happening in our community. Would the community bus ever be available or even consider to take a senior to PI swimming pool or other for water physical movements of the body?
- I believe in Aroostook County there is severe housing problems. Old homes in poor standing rotting away is sad to see where they could have been salvaged and fixed for poor couples.
- The numbers are rising daily.
- The specialist we need such as neurologist, rheumatologists are not available to us. Unless we want to travel to Bangor. Such specialists are badly needed.
- I think personal experience shared among residents is the best way to assess healthcare. I hope to see a merger of TAMC and Cary Medical Center and surgical services need improvement.
- We have had lots of out of staters buying our local homes, we should show an increase especially since COVID.
- Percent of sever housing is much higher. Percent of people over 65 is higher. Percent with high school diploma is higher. Median household income is lower.
- Stats are staggering.
- Dental health is hard to come by. Most dentists are not taking new patients.
- Income is lower, unemployment lower, PCP higher.
- Very thankful for our clinic in Van Buren. I wish for more affordable housing for young families, especially mother's raising children alone, especially in Madawaska area.

- Broadband access still unavailable and access to online use is very costly.
- Population is really low. Older people need more help.
- I think we should keep on top of this.
- Generally speaking I believe Cary and Pines services contribute significantly to the overall health of our community as depicted in comparative relationship to the state.
- I believe the county has changed on ethics and race since the past 3 years. New families have moved into the area, still uncertain about where to seek medical attention.
- O broadband in the area I live in. Healthcare access is poor for the mentally disabled community. Higher unemployment than reported. Some people are opting for obtaining disability or the state than working. They obtain greater benefits that way.
- Better stats than I have seen anywhere else
- I believe significantly more of folks drive alone to work. Remainder of numbers look realistic
- I believe there are more people who have mental health issues
- Sad statistics. I d guess way more need dental care and can't even access a dentist and many many uncounted homeless
- The pandemic has had an effect on several key areas: income, health behaviors, housing problems, healthcare access
- I believe the mental health stats to be wrong. I know it is almost impossible to get into a mental health facility when one is in need. Needs to more highly trained people and facilities.
- Elders seem to outnumber others
- So many low income seniors need so much help
- Adult smoking / obesity seems low. However, nothing else is alarming or unsettling to see.
- Transportation is an issue. There are more mental health providers per person than dentist
- I do agree with some of what is listed and such and the percentage, I do think there are more people in need of healthcare who cannot afford it as well as how many people need dental care and cannot afford to get it.
- These numbers will continue to grow negatively as inflation and cost of goods continues to rise
- Unfortunately the community is experiencing a lot of drug abuse. The streets are noted to have 20-30 year old males and females walking the streets, clearly exhibiting drug use. Our community also has high level of suicide rates, so mental health is also an issue noted.

- Nothing above on aging population.
- For the most part, it seems to be accurate, however, I feel the Severe Housing Problem is much higher now. Alcohol and Drugs seem to be an ever increasing problem also.
- There are still long wait list for counseling, substance abuse services
- It is about right!
- Unsure of the statics provided but looks someone in the area. However I live in an area that Internet access is not the greatest. To get better internet would have to pay so much more and on a fixed income it is just not feasible.
- I believe the mental health numbers have exceeded the above today. This is a crisis seen in our emergency room every day.
- Communities change people move etc... we need to be open to what has changed in the town
- We need more access to doctors in this area that can care for people needing specialists. For instance: eye care, podiatrists, dentists, I'm sorry but staff in mammography are not in tuned to patient. Especially when it's the end of the day and we know they want to go home. It is a scary situation going to our ER for what we may get for care and will they know what to do for us and diagnosed correctly."
- Quite accurate
- I believe the data to be true as our population ages and young individuals leaving the area
- Too few providers for number of patients…either physical or mental…sad
- The increase in obesity is very noticeable.
- More moving into community. Low mental health providers. I'm aware of many who don't bother going to hospital because of cost.
- I'm not sure if I believe we have fewer suicided per capita than the average for Maine.
- I think there are more health problems today, more housing problems, lower unemployment rate
- We need to discourage smoking and find a way to help people understand and address the dangers of obesity. Both are killers and people do not seem to understand that.
- I question the obesity rate. Seems like there are more obese people than that. Maybe it is not counting overweight, just obese.
- Likely ratio of mental health providers per person is lower than stated
- Because access to health providers is so limited people are not getting the health care they need. They can't get into see a provider, problems are ignored until a full blown issue lands them in the ER

- The people I work with & i observe report more housing deficits, access to Healthcare, are in more single parent homes & we need more mental health providers (long wait lists).
- I believe the excessive drinking rate is much too low.
- Unemployment is higher.
- Pre-covid this would reflect our rural community. As of 2022; No housing available, unemployment rate is probably tripled and business are struggling to find mental health providers to help serve the mental health
- I believe that many areas within healthcare have shortages of providers. Nursing will become critical in the near future.
- I don't know the specific numbers but it looks probably very close
- Some does - education,ethnicity, income, the rest do not
- Age is older. Broadband is much less
- We have too much drugs over dose and suicidal that are not represented
- It seems about right, but I don't know for sure.
- I believe health care access and severe housing problems are higher than listed. I also feel like lack of dental care access is higher
- I suspect excessive drugs and drinking are higher
- People in Aroostook are not quick to express needs for help. There is a feeling of resilience, others are worse off. Many people are unaware of the issues others are facing.
- Ifeel the population has decreased and that the unemployment ate has increased. I also believe there may be an increase in the amount of people per Mental Health providers.
- I believe that Healthcare Access numbers would be higher, because providers are not taking on new patient.. No stat's on SUD for the area. Big problem
- Adult and child Obesity probably worse today
- Very interesting information, was not aware of all these stats.
- Mental health numbers would significantly increase with more services in place.
- Not enough mental health services, dental clinics have long waits, and obesity and child hood obesity rates I feel are underestimated
- In my professional Role as a substance abuse and mental health therapist, I've seen increased etoh abuse throughout COVID
- I believe the unemployment rate is much higher.
- The above data is very discouraging.

Q12: 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	4	4	27	59	212	306	4.54
Drug/Substance Abuse	4	10	32	51	210	307	4.48
Mental Health	3	5	30	70	194	302	4.48
Heart Disease	2	5	37	107	152	303	4.33
Diabetes	3	4	46	93	160	306	4.32
Obesity	6	9	36	93	164	308	4.30
Alzheimer's and Dementia	3	11	44	85	162	305	4.29
Women's Health	3	5	46	89	152	295	4.28
Stroke	3	3	49	110	137	302	4.24
Lung Disease	3	15	55	87	138	298	4.15
Dental	8	17	53	80	149	307	4.12
Kidney Disease	3	15	66	98	119	301	4.05
Liver Disease	4	18	80	85	113	300	3.95
Other (please specify)						19	
						Answered	316
						Skipped	158

Comments:

- Easier access to Aroostook Area on Ageing home visits
- Allergies and asthma
- Care takers
- Need more professional doctors so people don't have to travel down state.
- Health of the aging population
- Hearing Health
- Epilepsy and rare disorders like my child has
- Parkinson's disease
- Pain Management with out doctors insisting that physical therapy is the answer. Doctors who will listen to their patients and not judge them thinking that they want opiods!!! They want to be heard and treated with medicines that will give them a better quality of life. I'm one of them. I have gone through hell.

- Better communication between specialists.
- Pediatrics
- None of this matters if you cannot see a Doctor.
- Children diseases parents might see
- Children's issues. Mental heath, nutrition, etc.
- Cardiology
- Osteoporosis, endocrine (thyroid, parathyroid & calcium
- We need more access to dialysis treatment
- We are lacking in experienced doctors for women’s health.
- Rheumatology

Q13: 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 Services: Affordability	5	8	30	67	189	299	4.43
Healthcare Services: Physical Presence (location, services, physicians)	5	11	31	70	184	301	4.39
Access to Senior Services	7	10	28	90	171	306	4.33
Affordable Housing	5	11	48	71	169	304	4.28
Healthcare Services: Prevention	7	8	48	95	141	299	4.19
Access to Childcare	7	14	51	72	153	297	4.18
Employment and Income	10	7	55	88	141	301	4.14
Transportation	7	12	66	77	132	294	4.07
Access to Healthy Food	7	18	60	87	128	300	4.04
Community Safety	4	18	64	89	125	300	4.04
Education System	7	12	71	90	116	296	4.00
Access to Exercise/Recreation	7	20	75	98	98	298	3.87
Social Connections	7	19	90	105	80	301	3.77
Other (please specify)						7	
						Answered	312
						Skipped	162

Comments:

- Level of PT does not compare to that offered by county PT. Management should need suggestions from it's staff.
- Education; More practical based, not just for College. Vo-Tech and Trades need to be brought back.
- I would suggest having meetings with doctors/nurses to learn how to care for their patients, not judge them, listen to them and be more caring and friendly.
- Abuse of the EMS system
- Poverty - is the underlying issue
- Many people need easy transportation. This is most needed in our area..ded
- Need more transportation during weekend and night.arts does not provide coverage. Taxis are too expensive

Q14: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Livable Wage	10	5	43	87	160	305	4.25
Diet	5	11	63	100	124	303	4.08
Smoking/Vaping/Tobacco Use	19	15	38	68	147	287	4.08
Physical Inactivity	11	8	68	90	130	307	4.04
Excess Drinking	22	10	55	83	135	305	3.98
Risky Sexual Behavior	24	22	84	71	96	297	3.65
Other (please specify)						15	
						Answered	313
						Skipped	161

Comments:

- Not enough is said about people who have restless leg syndrome.
- Divorces, impurities, reckless drivers.
- Marijuana use.
- Inactivity leads to many many other problems as does isolation
- Suicide
- Personal physical safety
- These days especially fentanyl and XYLAZINE mixed with all street drugs
- Poverty - limited access to education, little affordable housing
- Mental health
- Religious an holistic choices respected
- People will do what they want
- Aging in place & loneliness
- Meth. We need to teach people what meth does to the body.
- Thc use

Q15: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Some impact, does not change daily behavior	34.11%	102
Noticeable impact, planning for changes to daily behavior	31.44%	94
Significant daily disruption, reduced access to needs	17.06%	51
No impact, no change	12.04%	36
Severe daily disruption, immediate needs unmet	5.35%	16
	Answered	299
	Skipped	175

Q16: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)

Answer Choices	Responses	
Employment	67.03%	187
Access to healthcare services	62.72%	175
Social support systems	58.06%	162
Childcare	49.46%	138
Food security	43.37%	121
Education	41.58%	116
Poverty	35.48%	99
Housing	31.54%	88
Public safety	31.18%	87
Transportation	29.75%	83
Nutrition	27.24%	76
Racial and cultural disparities	10.39%	29
Other (please specify)	8.24%	23
	Answered	279
	Skipped	195

Comments:

- Churches closed and priests cannot come to home anymore.
- We are lucky to have the St. John Heart Center in Van Buren.
- Seniors

- To my knowledge, our town took care of us as best they could.
- I am not in a good position to know
- People not understanding how real covid is. Dismissing the physical and mental damage it causes.
- Financial
- I don’t know enough people to answer this question
- Medical and support services for elderly with long-term healthcare needs
- People are relying more on government services
- I am positive it has affected those items for other folks, just not me.
- Volunteer opportunities
- Adult isolation
- Access to broadband for everyone
- Volunteering at CARY
- Healthcare providers leaving, not because of covid-19
- The ability to see loved ones in the hospital or attend appointments with them
- Mental health
- Worse substance abuse or dependence
- Employment shortage and access to healthcare because of mandate!

Q17: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	28.87%	84
Specialty care (care and treatment of a specific health condition that require a specialist)	24.40%	71
All types of healthcare services	17.87%	52
Elective care (planned in advance opposed to emergency treatment)	17.53%	51
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	14.43%	42
Urgent care/Walk-in clinics	13.75%	40
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	12.03%	35
None of the above	42.27%	123
Other (please specify)	7.22%	21
	Answered Skipped	291 183

Comments:

- Have always received good care at Cary
- Some doctors did not want you to come to the office.
- Was hospitalized for certain diagnosis/ was sent home early.
- I can't get long term health care in my home for my bed ridden sister. No professionals available.
- We did until this past year.
- Closing follow up clinics due to staffing was a problem
- Health Care Providers and Hospitals were not there for most people during the pandemic. When you enter a hospital and you are ill and a love one is not allowed to go in with you, that ill person refuses to go.
- Get away from traveling staff and hire local people who care and have an interest in our hospital.
- Dental
- Dental (dentist in Canada, unable to cross border)
- Walk-in to get COVID tests for travel
- Dental. Mostly put off stuff due to price though.
- Delayed colonoscopy

- Trying to give blood through American Red Cross but the amount of appointments is limited and another issue is having to go online to get set up. Before you could just show up. This hurts them from not getting as much blood as before 2019.
- My healthcare providers are gone, walk ins have no xray or diagnostic equip to help or medication authority, ER's 4+ hr wait for orthopedic care and falling
- Dental care
- I had to seek obstetric care elsewhere because of COVID delays at Pines/Cary
- If I had been able to get proper health screening in a timely manner I don't believe my cancer would have progressed as severely.

Q18: How can healthcare providers continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	75.87%	217
Offering alternatives to in-person healthcare visits	56.29%	161
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	49.65%	142
Connecting with patients through digital communication channels (e.g., patient portal, social media)	44.06%	126
Sharing local patient and healthcare providers stories and successes with the community	26.57%	76
Other (please specify)	11.89%	34
	Answered	286
	Skipped	188

Comments:

- By allowing a caregiver to be able to go into the emergency floor section to be with his or her patient.
- It was sad to see patients dying alone without support of family (unable to visit) while in the hospital or at hospice care.
- Not being listened to is a problem. But as for me, I am very happy with my health team as we are all working together to make health better.
- In person visits only!
- I prefer in person appointments and that have been available.
- None.

- I have missed much necessary appointments because of the traveling and because of early appointments. A sleepover night is sometimes necessary. Then the food and gas. At my age, I have a hard time doing the bangor trip all in one day. Please try to get specialist to come to cary. They are much needed.
- Guiding people through use of alternatives to in-person care, for those to whom the alternatives are alien.
- Show some basic respect for the senior's by not treating them and their needed procedure's like some communicable disease
- I don't have a computer because I can't afford the payments
- Increase staffing
- Continue health care as in the past
- Answer their phone calls.
- Returning in person visits to a pre covid normal
- Better communication between patients providers, especially if not part of cary system, although referred by cary
- Get back to normal as soon and as much as possible.
- Not everyone has access to social media, many of our elderly were terribly impacted
- Bring our clinic back to washburn
- Clinics in small towns for vaccines. Transportation to a clinic is the issue.
- Covid is being overly rated
- Keep follow up appointments and stop consistently rescheduling appointments, return phone calls to patients with concerns
- Tell number and danger areas in each community
- Ability to be seen by providers if symptoms of covid19
- Zoom support groups
- Pt should be seen by PCP no matter if they have symptoms
- Allowing professional clergy to access their parishioners.
- Go back to in office care, hire all staff positions
- Drop the mandate and treat patients as people not like they are a contagious disease.
- All of the above

Q19: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	85.67%	251
Elder/senior care	74.74%	219
Specialty care	64.16%	188
Mental health	64.16%	188
Urgent care/Walk-in clinics	60.07%	176
Substance abuse services	53.92%	158
Emergency care	52.22%	153
Chronic disease management programming	47.10%	138
Women's health	40.61%	119
Pediatrics/children's health	37.20%	109
Other (please specify)	5.80%	17
	Answered	293
	Skipped	181

Comments:

- Post-procedure care provision's
- All of the above are important issues
- Pain management without narcotics
- The emergency Care at Cary needs attention when a visit takes 6 hours that is a bit much.
- All of the above
- They are all important
- Accessibility is an issue
- I marked substance abuse but we need to find out why people even try drugs.
- Non-judgmental support in ERs regarding mental health crisis
- All
- Abortion care. Increased ease of access to contraceptives and Plan B. Increased hormone, medication, and surgical access for Transgender patients. Stop saying that mammograms and abortions are only for women, there are transmen and non-binary folks with breasts and uteruses.

- Telehealth
- Overeaters
- Cancer Care
- Re-open local clinics that were closed forcing people to travel out of town, and now more so with gas prices higher than precovid.

Q20: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Telephone visits with a healthcare provider	54.10%	145
Video visits with a healthcare provider	52.99%	142
Patient portal feature of your electronic medical record to communicate with a healthcare provder	50.75%	136
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit)	39.93%	107
Virtual triage/screening option before coming to clinic/hospital	36.19%	97
Smartphone app to communicate with a healthcare provider	33.96%	91
Other (please specify)	12.69%	34
	Answered Skipped	268 206

Comments:

- Nothing compares to face to face visits. Not very useful for people hard of hearing or/and not comfortable with electronics of all kinds.
- We must not lose communication entirely to machines.
- People need people - enough with the video/virtual/no touch/talk society
- Do not have any technology other than phone, but feel in person is what I need.
- Face to face
- Since I don't have a computer I need more time with my doctor to discuss my health.
- Prefer face to face
- Providers for long term home bound.

- In person visits with provider. Unable to assess v/s weight, and other senses used in diagnosing illness.
- All sound useful. How to open the door to these modes of care for the uninitiated?? Dump the privacy act provision's regarding patient info' being sent by way of e-mail !
- Elders would have hard time virtually
- See a healthcare provider in person
- Not everyone has access to computers, bluetooth or the knowledge to use these
- Affordable remote monitoring devices
- Something to be done with scammers taking personal information
- Need internet for rural areas
- None of the above
- Don't have reliable internet service
- I have had no problems accessing care
- Get health care back to normal as soon as possible.
- These pale to seeing an actual pey
- Had a very poor experience with a zoom doctor call, not from cary but still it makes me want to have nothing to do with it.
- Secretaries should not be doing triage. Experienced medical personnel should be doing triage.
- Find patient portal doesn’t work have had it tried to set up didn’t
- Patient portals are ineffective. Communication breakdown.
- More of patients info available on the portal & also more in person provider visits
- None of the above
- In home visits by primary care providers.
- A portal that works. This new portal for pines is of no use.
- All the above

Q21: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future.

- I do not have modern technology such as computer and smart phone.
- Stay home.
- Stop having just one visitor per day for a patient. Even if it was one visitor per hour would be better.
- It would be helpful if everyone took covid-19 seriously and got vaccinated.
- You're doing well right now - thank you.
- Personal responsibility, respect for others who think differently, getting vaccines/boosters as recommended, follow good hygiene recommendations - wash your hands, etc.
- Thank God for Dr. Niran Shaw!
- No more isolation - that hurt people/society more than the pandemic and continues to do so.
- Make sure everyone is vaccinated should we get another outbreak of a different virus.
- Mask in indoor settings. Continue to promote vaccination. professional COVID testing at primary care provider.
- Educate those who are unvaccinated so they choose vaccinations to protect our community
- We need the availability of a clinic in Van Buren. This cuts down on travel, especially during winter months.
- More doctors able to take appointments.
- Indoor masks.
- The worst is almost over.
- Keep the information available.
- I believe that the most beneficial solutions is offering resources/solutions that do not require a physical visit (unless otherwise decided). Personally I've witnessed a lot of reluctance to seek routine care for preventative care and management of chronic conditions because of COVID-19. Most notably, while working in the hospital ED as of late, I've noticed an uptick in patients visiting the ED for COVID related symptoms/illness. In doing so they tying up rooms (air exchange time/disinfecting) and unknowingly risking exposure to other members of the community. The use of something like virtual triage/screening options sound like a great idea!
- Access to our clinic - blood work etc.

- People should wear their masks and get all their covid shots and stay 6 feed back when possible.
- If we all do our part in the crisis.
- I wish i could have a nurse to come in once a month or even every other month to do tests and be a go between with doctors. Long term not just short term.
- More routine updates on the status of our community relative to current level of infection and highlighting the current need and related promotion of use of preventitive measures such as vaccination, masking, social distancing, etc. For the overall health safety of our community.
- Education about covid is always good. It seems to be changing constantly.
- Delay, delays, delays in all cases of anything medical. Extended wait times, extended period of time for visits or surgeries.
- Allowing one person in the er with sick patients. Alerting the family sitting in the waiting room what is happening in a timely manner.
- Community centers run through a communities town office or one near by if the community does not have one
- Increased access to mental health services.
- Thank you for caring what we as a community think
- Better more affordable internet services.
- If people would still wear masks and stay 6 feet apart and stay home when they don't feel well
- More quality healthcare less focus on COVID
- Keep promoting vaccines and boosters for all ages
- Everybody get vaccinated
- If people would continue to wear their masks it public it would help
- Reliable information is essential. Having a potential portal like the one pines has is helpful.
- More testing
- Mandatory vaccines to all children before being allowed to return to school.
- I think that connecting with your primary doctor on the computer, etc. Is one of the best things. I've done it and I felt safer as many have during these times.
- Do what your healthcare provider tells you. Listen to the experts and use prevention such as vaccines, boosters, etc.
- Seniors need access to transportation so they can get screenings etc. Many live alone.

- More info session from local providers to the pubic to assist in getting the current information to the community it serves instead of the community relying on outside information which may not relate to their specific areas
- Some seniors do not have access to modern technology, computers, cell phones, or even access to vehicle. Some seniors do not want access. They come from a generation of a work ethic is a thing of the past. Actions have to be taken to access that generation. You give them a time to be at a visit and rhey are there usually well in advance of an appointment.
- I personally am fine, but transportation is an issue for many in this area so telehealth has been wonderful
- Primary health care provider that would stay in our area and that the hospital boards would work with so the community could have a provider to care for the community. Our community has had doctor's for over 100 years and now we are left with no local doctor's. Old people can't travel in the winter months and people on fixed incomes can't afford to travel.
- It's very important to continue educating the public with accurate information by the cdc and medical community. We need better vaccines against covid
- More folks should be wearing face covering to protect others
- Having a healthcare clinic in town!
- The most difficult part of covid was not being able to be with my mother in the emergency room when she needed emergent care and was not really able to speak for herself. I couldn't share history and info I knew, and I was unable to ask about diagnostics and HCP thoughts/guidance for management of problem. I understand the reasons for not being able to be with her, but perhaps a way to improve communication between the patient's support person and provider could be developed.
- Educating individuals the importance of mask wearing in hospital and outside when large crowds gather
- Hospitals need to connect more with schools to help reach children and some adults.
- Not sure; current situation seems stable.
- I think , keeping in touch with all patients, wether it be through email or phone , /// call it a health care check in
- Support from primary care provider and hospital.
- Your emerg. Room needs a lot of help with patentscare. Sending someone home that should be in thehospital.Stop masking and get back to normal operations. Life will continue

- All is beind done well
- PINES HEALTH (dr flynn's staff has been extremely helpful in procuring medications.
- Partnerships with community schools
- "Be consistent with preventative means…
- Tell where NEW CASES ARE LOCATED..
- It always sounds like somewhere else"
- Would love to see more outdoor active events. Stuff where you move your body, year round. Some places have "walk with a doctor". People go for a morning walk and they can ask general questions or just talk. Might be an option. As a community, we need more walkability and more trees.
- There needs to be a room for dialysis patients, who need treatment but need to be admitted to the hospital. There should be transportation available to get dialysis patients to the center in presque isle, families cannot afford to travel to bangor and southern maine. Only 1 dialysis center in the whole county is NOT OK! Many patients die waiting for a spot in a chair for treatment.
- Treating the whole patient given the increase in mental health due to concerns of pandemic and continuing anxiety of being treated alone without support systems to assist in advocating or questioning providers when a family member needs care. Ie ER not allowing someone to be with person experiencing an acute emergency and lack of communication to families or guardians as patient is alone and isolated and often not able to give the best or accurate information for best treatment plan.
- More help is needed to answer phones and take messages at pines.
- Our local new station and radio stations do a very poor job reporting on covid and it's impact on our community. I think the community in general lacks a sound and accurate knowledge base. If I did not work at the hospital where we are routinely updated and see the impact I do not feel I would understand trends in our community. My extended family frequently comment if it wasn't for me providing some education and reinforcement of cdc guidelines / education they would not be making fully informed decisions.
- Telehealth has been very supportive and increased accessibility.
- Follow up phone/video visits instead of in person appointments
- Open the small clinics that were available before for example washburn had a pines clinic, now it is gone. I have to drive to presque isle or caribou.
- Overeaters anonymous
- Updates on the status of covid-19.

- For elderly that have difficulty leaving their home for routine EKG/bloodwork/immunizations, an at-home option needs to be available. It becomes detrimental to my mothers health every time we take her to one of these appointments.
- More Doctors and D.O.'s. with a broad spectrum of healthcare knowledge of diseases & med mngmt. I personally have been asked, how do you pronounce thst medication & what is it for? I have been asked about my heart implant, what is it for? This is significant, since they are supposed to be caring for me. FNP's and P.A.'s are too limited
- Reinforce the need for people to be more careful as this crisis is still with us. Many refuse to take precautions and are exposing others. Some feel that if they are vaccinated and boosted they don't need to take ANY measures to avoid exposing themselves or others to Covid 19. Very concerned especially when they are around the elderly and those with health concerns.
- Continue giving support to local schools, daycares and households
- Making internet more affordable and available. Not all home have access
- I would consider many of the options in #20 however elderly people would struggle with most of the choices. Telephone is probably the only possibility for most people over 70.
- I am able to meet my needs in all areas. For the community at large there is a need for consistent messaging regarding the virus. Although I am not sure how this would happen, but it might be helpful to have an Aroostook County Hotline staffed by trained medical personnel to give out accurate information about the virus, vaccines, available clinics, etc
- Access and assistance in using video visits. For example, someone may not utilize telehealth visits because they do not have equipment and/or knowledge of how to use it. This may result in a delay in care (especially specialized care).
- See and treat your patients when they are sick
- Blood draws available in your own home
- Maybe knowledge of outbreaks. Recently where I work , there was 1 case of covid within 5 days, 5 people tested positive that are employed here. All 5 are married, so you know what happens next. For a few years covid was better monitored. Now , people have become lazy in their behavior toward this virus. It's here to stay and people are very uneducated about it.
- I think it is time to move on. This is here to stay so let’s find ways to safely live with it.