

Community Health Needs Assessment, York Hospital

December
2024



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Executive Summary, 2024

York Hospital and community partners completed the local Community Health Needs Assessment in December 2024 to inform community health efforts for the coming three years. During this process, community members of southern York County, York Hospital staff, and the Community Health Advisory Committee helped identify three priority health issues of concern in the local service area:

1. **Mental Health**
2. **Substance Misuse**
3. **Cardiovascular Care**

These priorities were chosen through a process that examined data from state and county sources as well as local data including an online York Hospital Community Themes and Strengths Survey, The York County Health Profile and York County Maine Integrated Youth Health Survey, 2023.



Runners at the start of the York Hospital 5K, June 2024
in support of health and the new cardiac cath lab

In choosing those priorities, the following criteria was considered:

- **Data** showing significant problem(s) compared to the past and/or to the state numbers;
- **Gaps** in existing services and efforts; and
- **Concern** for issue demonstrated by community members and collaborating partners.

Recommendations for Implementation Plan (DRAFT)

Priority Health Issue: Mental Health

1. Increase access to mental health services and supports in Southern York County.	
Strategy	Activities
Increase access to mental health services, especially helping youth and young adults.	Increase YH capacity to provide services for children under 14 years through addition of 1 new provider and telehealth options at Psychiatry Associates.
Build capacity of families and other caring adults to understand mental health and provide support and referral to appropriate services.	Community Health to collaborate with NAMI Maine to provide quarterly Mental Health First Aid and related Teen Mental Health First Aid trainings for communities, families and schools in nine town service area.
Increase capacity of Community Health Staff to support youth mental health.	Community Health will write successful grant to increase mental health training opportunities for YH providers, area schools and teens.

Priority Health Issue: Substance Use and Misuse

2. Increase substance use disorder prevention, intervention and addiction services for those at higher risk including LGBTQ+ youth, young adults and single parent families.	
Strategy	Activities
Increase capacity to provide treatment for youth and young adults through the YH Recovery Center.	Community Health to collaborate with York County Community College to recruit interns and new hires from their Behavioral Health Program.
Support substance use prevention and promote good mental health for youth.	Continue to provide in-kind support to Choose to Be Healthy And Youth Resiliency Coalitions through Community Health Department.

Priority Health Issue: Cardiovascular Diseases

3. Increase and Improve Access to Care	
Strategy	Activities
Increase proportion of patients that receive evidence based preventive care.	Initiate system of follow up education to all screenings.
Educate communities on preventive measures and treatment options	Collaborate with local social service providers to engage hard to reach populations

This draft plan will be reviewed and revised in January-March with an action plan(s) to be developed using the following criteria:

- Capacity to implement (resources, training, people);
- Staff and community member involvement;
- Potential for sustainability;
- Reach and evidence for strategies;
- Ability to address disparities; and,
- Needs identified by community.



York Hospital President & CEO Dr. Patrick Taylor and community members view plans for new cardiac services.



York Hospital thanks its community partners, the members of the Choose to Be Healthy and Youth Resiliency Coalitions and the Community Health Team, for helping to engage diverse stakeholders in the assessment process and in compiling this report. Community Health Director, Sally Manninen, coordinated the CHNA process and compiled the information with guidance and input from Pam Poulin, Chief Nursing Officer; Executive Director; Dr. Patrick

Taylor, York Hospital President & CEO; Erich Fogg, PA Director of Wound Care; Eric Haram, Director of Recovery Services; Rich Perrotti, VP and Chief Administrator of Provider Practices; Sherry Wallingford, MPH and Mental Health Practice Manager; and, Robin LaBonte, Chief Financial Officer. Special thanks to Hilary Leonhard of Philanthropy; Kate Ford, Volunteers, Student Experiences and the Bridges Programs and Rene Kocev of Healthcare Help for providing much needed updates and data. By May of 2025, YH staff and partners will create an Implementation Plan 2025-2027 to help address these health issues and provide meaningful community health benefits. This report, any updates and plans will continue to be posted at <https://www.yorkhospital.com/990-chna/>. For more information on this report, process, plan or to share your feedback, contact Sally Manninen, Community Health Director at (207)351-2655 or smanninen@yorkhospital.com.

Requirements and Purpose of a CHNA

York Hospital has 100+ year history of collaborating with and listening to the communities it serves to improve the health of those living in southern York County with this, its 2024 Community Health Needs Assessment.

As a nonprofit hospital, York Hospital conducts the assessment every three years as part of federal requirements and to provide services that best meet community needs. York Hospital



undertook its current community health needs assessment (CHNA) in 2024 to identify the health needs of those living in the hospital’s service area. Hospital staff also participated in the Maine State Shared CHNA and the York County Public Health District CHNA. When completed, there will be a CHNA for the state (2025), York County (2025) and York Hospital which will reflect similarities and differences, perhaps overlap, and hopefully inform each other. York Hospital’s assessment focuses on the area of southern York County Maine towns of Berwick, Eliot, Kittery, Lebanon, North Berwick, Ogunquit, South Berwick, Wells, York and Sanford.

Community Engagement

York Hospital is the fiscal agent and partners with the Choose to Be Healthy and Youth Resiliency Coalitions housed at the hospital whose staff make up the Community Health Team. Community Health Staff assist in engaging the community in the health assessment process. Coalition partners are purposefully comprised of those representing diverse community sectors from all of southern York County communities including representatives of education, law enforcement, behavioral health, social service agencies, municipalities, business, etc. The involvement of these perspectives is necessary to engage in successful health improvement initiatives. Compiled in this report are local, county and state health data and community member input about the health issues of greatest concern. The Hospital and its partners use this information to identify priority health issues, develop plans to address them and monitor progress. The Choose To Be Healthy and Youth Resiliency Coalitions Advisory Committee and members, including youth, provided input as well, through meetings and discussions. Additionally, a team at York Hospital reviewed disease incidence and health behavior data from the York County Health Profile 2024 to help identify needs specific to the priorities of **mental health, substance use and cardiovascular disease**.

Data Sources

The quantitative data in this report primarily comes from the 2024 York County Health Profile, and includes multiple secondary sources including the US Census, the United Way ALICE data, the Maine Behavioral Risk Factor Surveillance System, the Maine Integrated Youth Health Survey, and several State of Maine departments. The complete reports and data sources for this report are found at www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents.

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

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

	YORK COUNTY	MAINE
Median household income	\$79,743	\$75,740
Unemployment rate	2.6%	2.9%
Individuals living in poverty	7.4%	10.9%
Children living in poverty	9.9%	13.8%
65+ living alone	28.1%	29.5%

Qualitative data was compiled from:

- York County Community Health Survey, 2024;
- York County Community Health Forum, 2024;
- The York Hospital Community Themes & Strengths online survey, 2024;
- Group discussions with hospital staff and community members; and,
- Key informant interviews with stakeholders.

	YORK COUNTY PERCENT
Asian	1.05%
Black/African American	1.0%
Hispanic	1.96%
Multi-racial	3.71%
White	91.8%

(US Census, 2022 and 2023)

Demographics

The table at right shows York Hospital’s immediate service area of ten towns in southern York County with a little over 90,000 people. York Hospital serves nearly half of the York County population. The data is from the US Census, 2020-2023 estimates at www.census.gov.

YH Service Area	Pop.
Berwick	7,950
Eliot	7,317
Kittery	10,784
Lebanon	6,698
North Berwick	5,200
Ogunquit	1,599
Sanford	22,251
South Berwick	7,753
Wells	11,855
York	14,118
Totals	95,525

York County Health Profile, October, 2024¹

The York County Community Health Profile was completed in the fall of 2024 and presented to over sixty public health professionals, community members, and decision makers at the York County Community Health Forum held on October 28, 2024. Attendees reviewed the Health Profile, discussed local health concerns and helped prioritize issues going forward as a county and as collaborating agencies, coalitions and hospitals. Notes, graphics and charts from that forum are used extensively in this report with permission.

Total Population

212,691

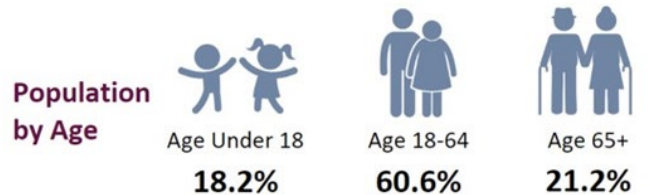
15.6% of the total state population



York County has been a government in continuous existence since 1636. Five County Commissioners elected by voters are the policy-making body of the county, and a professional county manager manages 200+ employees and an annual budget of \$19,567,432. York County has a population of over 200,000 people. According to the U.S. Census Bureau, the county has a total area of 989 square miles.

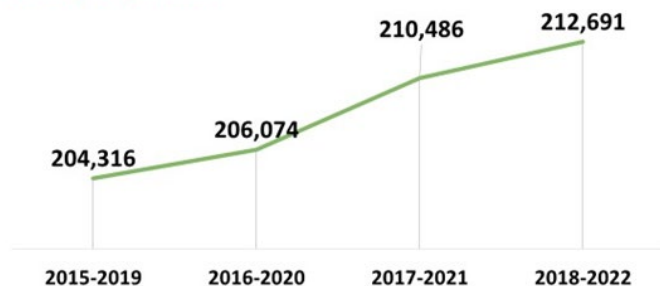
York County's governance structure is Commissioner-Manager. There are five County Commissioners that are elected by popular vote in each of five districts. In addition,

there are six positions elected county-wide: District Attorney, Sheriff, Judge of Probate, Registrar of Probate, Registrar of Deeds and Treasurer. The County's jurisdiction and responsibilities include a 298-bed jail, two of the largest Registries of Probate and Deeds in New England, and the District Attorney's Office. York County provides law enforcement for 14 of its 29 municipalities and Emergency Management for the entire County (www.yorkcountymaine.gov, 2024).



U.S. Census Bureau ACS Five-year Estimates 2018-2022

County Population



The chart at right reflects York County's growth over the past decade. However as data will show, housing costs continue to be high for many people with prices increasing sharply during and after the pandemic. High housing costs may reflect increased interest in owning seasonal homes, more people working remotely and a strong economy in York

¹ <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/>

County over the past decade (www.townofyorkmaine.org).

Leading Causes of Death

Rank	United States	Maine	York County
1	Heart Disease	Heart Disease	Cancer
2	Cancer	Cancer	Heart Disease
3	Unintentional Injury	Unintentional Injury	Unintentional Injury
4	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
5	Cerebrovascular Diseases	COVID-19	COVID-19
6	Alzheimer's Disease	Cerebrovascular Diseases	Cerebrovascular Diseases
7	Diabetes	Diabetes	Alzheimer's Disease
8	Influenza & Pneumonia	Alzheimer's Disease	Diabetes
9	Liver Disease	Liver Disease	Chronic Liver Disease and Cirrhosis
10	Suicide	Influenza & Pneumonia	Nephritis, Nephrotic Syndrome and Nephrosis



Cardiovascular disease deaths per 100,000 population

2015-2019: 169.7

2018-2022: 174.4



Injury deaths per 100,000 population

2015-2019: 90.3

2018-2022: 95.1

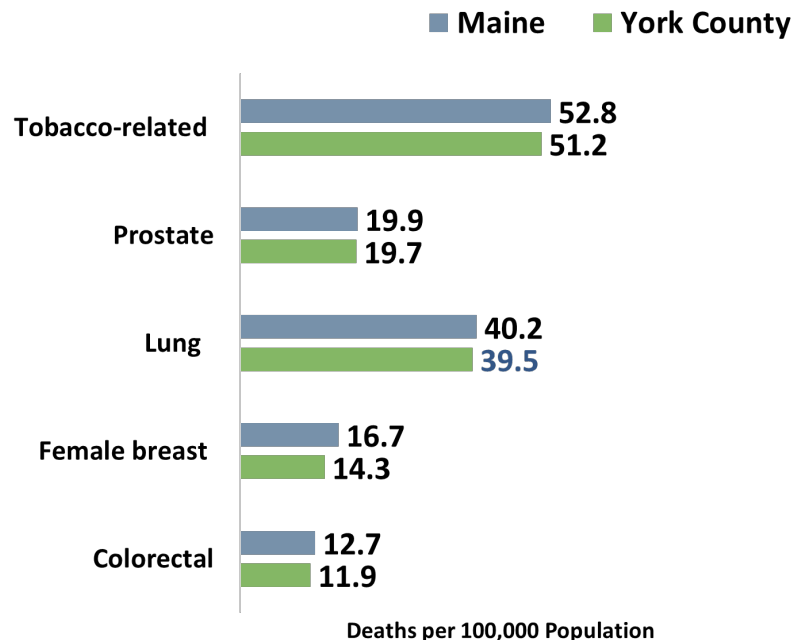
Maine has the oldest population in the United States, with a median age of 45.1 years and 23% of its population over the age of 65 (AmericasHealthRankings.org). This most certainly affects health issues and causes of death.

Cancer is the leading cause of death in York County. The chart at right shows how these deaths break down by type. While tobacco use has decreased dramatically among adolescents adults who smoke make up half of all cancer deaths in York County.

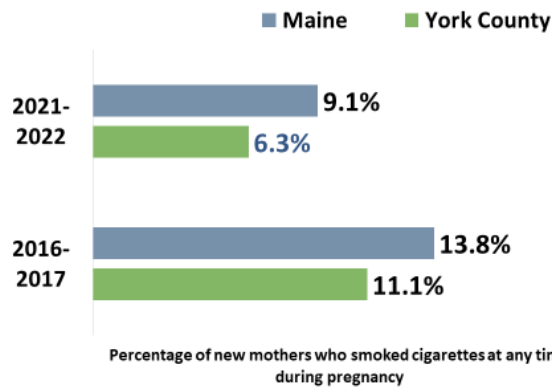
Covid-19 is still one of the leading causes of death in York County and Maine, unlike in the rest of the US.

Cardio vascular disease deaths have risen sharply from 2015 to 2022. The causes of most unintentional injury deaths are motor vehicle crashes, poisoning, and falls. Many are related to substance misuse including overdoses that get categorized as poisonings (hopkinsmedicine.org).

Cancer Mortality by Type



Smoked During Pregnancy



2021-2022 data reflects a significantly lower percentage of women who reported smoking during pregnancy in York County compared to Maine and 2016-2017 county-level data.

18.3%. The data also shows a doubling of e-cigarette use by adults. The data does *not* show us whether pregnant women in York County or Maine use marijuana. A Canadian study confirms that cannabis use during pregnancy (among other substances use) was associated with an increased risk of small for gestational age (47% increased), preterm birth (27% increased) and intrapartum stillbirth (184% increased) (<https://www.ccsa.ca/sites/default/files/2022-05/CCSA-Cannabis-Use-Pregnancy-Breastfeeding-Report-2022-en.pdf> Luke et al., 2019).

One of the many positive health conditions and outcomes in York County includes the statistic shown here: fewer of our pregnant mothers smoked cigarettes during pregnancy.

However, adult past 30 day marijuana use in York County was 24.2% as of 2021, significantly higher than the state in the same year at

York County Community Survey Results

Evaluators conducted a statewide community health survey of 3,967 people, 247 responded from York County.

Top 5 Social Concerns that negatively impact your community

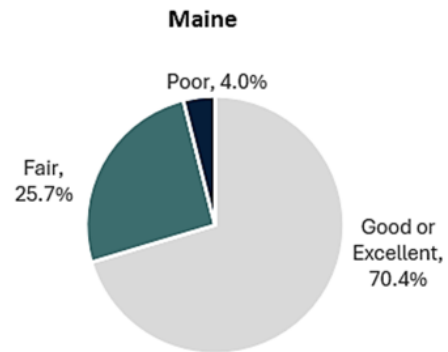
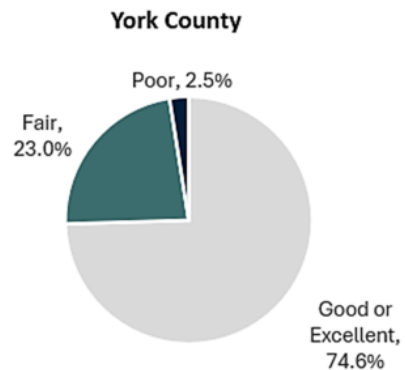
York County		Maine	
1)	Mental health issues (anxiety, depression, suicide, etc.)	1)	Mental health issues (anxiety, depression, suicide, etc.)
2)	Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)	2)	Substance use (alcohol, cannabis, prescription drugs, illicit drugs, etc.)
3)	Housing insecurity	3)	Low incomes and poverty
4)	Tobacco or nicotine use (cigarettes, cigars, vapes, dip, nicotine patches, etc.)	4)	Housing insecurity
5)	Lack of transportation	5)	Obesity

A positive from the York County Community Survey data is that more adults rate their mental health as good or excellent compared to the state.

From the Health Profile, the ratio of population to psychiatrists decreased (positively) in York County from 20,812 in 2019 to 10,621 in 2024. While much better, it is not at the state ratio of 8,390 people per 1 psychiatrist.

Approximately 20% of adults with mental health disorders received outpatient treatment at the County and state level in 2021. However, there is no data for mental health treatment for children with disorders in York County. In Maine as a whole approximately 59% of children diagnosed receive patient treatment.

How would you rate your own mental health?



The York County Community Forum 2024

On October 28, 2024 the York County Community Forum was held remotely to ensure easy access. It was coordinated by the York District Public Health Council, state of Maine staff, and state evaluators who compiled and presented the data. The York District Public Health Council includes staff from both local hospitals, MaineHealth and York Hospital, York County Community Action Corporation, the three local community health coalitions (Partners for Healthier Communities, Coastal Healthy Communities and Choose To Be Healthy), public health experts from UNE and Kennebunk and the state Public Health Liaison.

Quantitative data from the York County Health Profile was presented, discussed and priorities

Health Conditions & Outcomes

- Mental Health
- Substance Use Related Injury and Death
- Cardiovascular Disease

Community Conditions

- Housing
- Poverty
- Provider Availability

Risk Factors & Protective Factors

- ACEs
- Physical Activity
- Nutrition

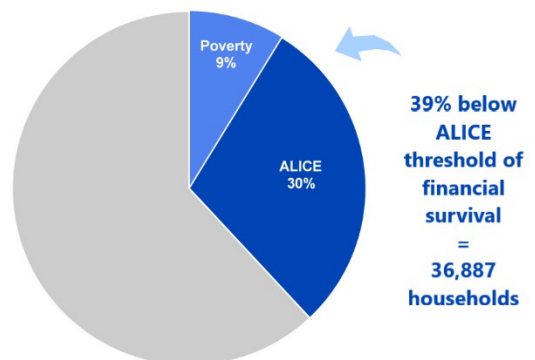
chosen by over 60 participants representing mostly professional representing diverse community sectors including the medically underserved and low income population, higher education, health care, law enforcement, public health, local and state government, funding agencies, and community members.

Forum attendees picked the top health priorities through an anonymous electronic voting system and group discussions.

Most participants, who work in the public health or social service fields, did not find the results surprising. And, all agreed that the health priorities are very much interrelated.

However, the new ALICE (Asset Limited, Income Constrained and Employed) data from the United Way helped greatly to underscore the needs in the area with almost 40,000 households experiencing financial hardship that can affect health especially substance use and mental health.

ALICE in York County



The **cost of living** is a concern in York County that effects all businesses workforce, even York Hospital where many employees need to

travel from New Hampshire to work here. Housing including not only low availability but also quality with lead and mold being of particular health concern. One identified need that covers all health and related issues is increasing **citizen engagement** to help engage local leadership and government in creating more and better local health policies.

Substance use and poor mental health are community conditions as well as a risk factors that affect other community conditions and health issues. And while improvements have been put into place with grant funding and sustainable efforts from the hospitals to provide medication assisted treatment and recovery coaching, mental health services, especially for adolescents are lacking.

While York Hospital provides free **transportation** to medical appointments including substance use treatment, more needs to be done to create awareness of this resource. Many repeated a perennial request that towns work to create a local bus service. Lack of access to **affordable child care** is another condition also emphasized by the ALICE data though childcare subsidies have improved guidelines.

Forum participants identified the financial impact of high prescription drug prices, especially for heart disease and a complex healthcare system that makes it difficult to navigate care as issues that can negatively impact mental health, substance use, and cardiovascular disease as well. The following are the priorities York County residents and professionals added to the assessment: **financial health, access to care, provider availability, high prescription cost and cancers.**

Select Quotes From Participants

- "I'm not a senior but I am forced to live on a fixed income as a senior. I'm **not eligible for many services because I'm not old enough.**"
- "Doctor's office hours make it hard to book appointments. **You need to take off work to see a doctor**, and then you lose money from missing work."
- "In a place like this, most people want to live closer to town. **You need to have housing available where resources are.** I had an apartment that was \$600 with utilities - now, that would be \$2,000."
- "You can work a full-time job and still not make enough money to pay for mortgage and other expenses. **If we make five dollars more an hour, we lose food stamps, MaineCare.**"

From focus groups conducted as part of the statewide CHNA.

Maine CHNA Focus Group Top Themes:

- **Reliable transportation,**
- **Finding and keeping healthcare providers,**
- **Cost of living,**
- **Affordable housing and**
- **Availability of resources.**

Special Populations of Focus

Mental health, substance use and cardiovascular disease affect groups differently. Elderly individuals, the aging population in York County, adolescents, and young adults between the ages of 18 and 26 are all seen as needing special consideration and increased resources, especially for mental health and substance use.

Discussion at the York County Forum on included the following observations:

- Recognizing cardiovascular disease before it gets too symptomatic is important and risk identification would be helpful. Early detection is missing, and proactivity is not prioritized. And, healthcare costs for cardiovascular care are high.
- Lack of work-life balance and daily stress can be impactful to cardiovascular health.
- Providers often tell patients to take steps without providing support to act. Providers do not lean on available programs given the limited time of visit.
- Adverse Childhood Experiences ACES can lead to all three negative health outcome priorities. Over 20% of Maine teens suffer from 4 or more ACES, putting them at high risk for these and other diseases and conditions (MIYHS, 2023).
- There is a lack of community education and education from providers on risk factors for these three diseases. Unhealthy generational nutrition habits is a root cause for obesity.

Sectors working to address these priorities include schools, MainSpring, York County Community Action, York Community Services Association the local and Community Health coalitions with limited funding from the state.



Youth group at Wells High School focuses on mental wellness and providing a safe space after school.

Resources needed to address some of the health conditions unique to youth and young adults include: Increased interconnectedness with support organizations,

- General health literacy,
 - Access to technology for telehealth visits,
 - Access to transportation for in-person visits,
 - Teen and/or multi-generational community centers;
 - Community education on mental health and substance misuse (or stigma surrounding).
- More complete York County data with detailed references is found in the York County Health Profile, 2024 at www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents.

York Hospital Community Themes & Strengths Survey Results, 2024

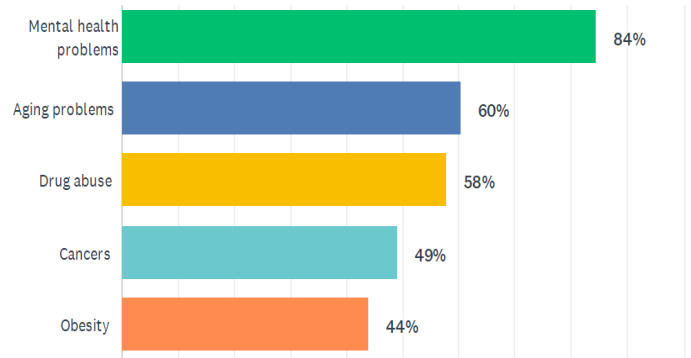
The York Hospital local survey is based on the National Association of City and County Health Officials' (NACCHO) Community Themes & Strengths Survey. It has been implemented in 2015, 2018, 2021 and in August of 2024. This year's survey was conducted online and promoted through a variety of electronic and traditional media including newspaper ads. The survey was completed by 121 residents of the ten towns comprising the York Hospital service area. The survey results shown in the following charts highlight findings regarding opinions and subjective views of health issues, contributing health behaviors, and factors for a healthy community. The following is an overview of the results.



While the YH survey only reaches a small sample of people, but it helps provide subjective feedback to York Hospital. And much of the feedback closely matches the York County survey results as well as the state and county data. And, while cardiovascular disease was not identified as a top health concern on the YH survey, obesity was. Obesity is a major risk factor for cardiovascular disease (CVD). Excess visceral fat, fat around the internal organs, like the heart and liver, can increase the risk of heart disease and can raise blood cholesterol, increase blood pressure, and increase the risk of type 2 diabetes (www.bhf.org.uk).

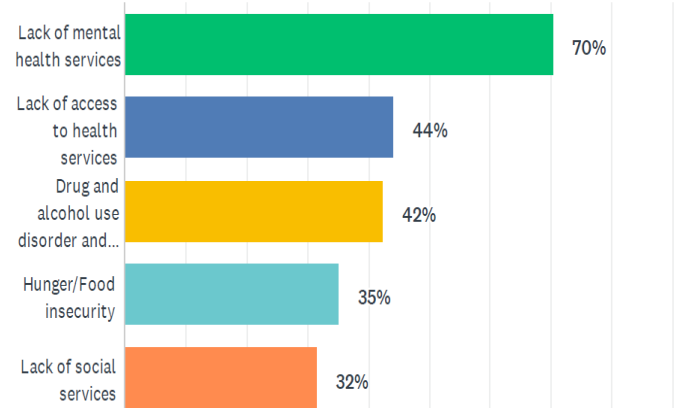
Top 5 Health Issues Picked by Respondents

2021	2024
Mental Health	Mental Health
Drug Abuse	Aging Problems
Obesity	Drug Abuse
Infectious Diseases	Cancers
Aging Problems	Obesity



Top 5 Risk Factors Picked by Respondents

2021	2024
Lack of Mental Health Services	Lack of Mental Health Services
Drug Abuse	Lack of Access to Health Services
Poor Weight Management	Drug and Alcohol Use Disorder
Hunger and Food Insecurity	Hunger and Food Insecurity
Lack of Social Services	Lack of Social Services



The following shows the changes in YH survey demographics, attitudes towards health and access to healthcare from 2021 to 2024.

Demographics	2021	2024
Respondents	101	121
Male	11%	15%
Female	88%	83%
York Resident	48%	36%
Age 26-39	17%	13%
Age 40-54	31%	24%
Age 55-64	17%	25%
Age 65+	35%	36%
Children under 21 living at home	45%	33%
Elders dependent on them for care	21%	21%
Employment status (full time)	55%	54%
Household income between \$100,000-\$149,999	28%	28%

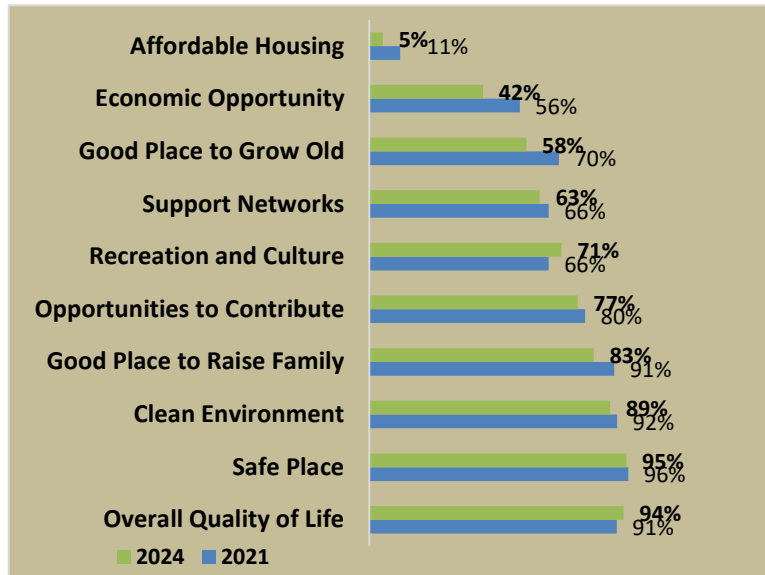
Indicator	2021	2024
Describe themselves as healthy or very healthy	95%	93%
Satisfied or very satisfied with access to care	74%	45%
Ever sought service they could not find in area.	45%	54%
Top 3 sought services not found in area.	Pediatric	Mental Health
	Mental Health	Endocrinology
	Substance Use	Primary Care
Top 3 places where respondents get their health information.	Doctors/Nurses	Doctors/Nurses
	Websites	Websites
	TV/Newspapers/Magazines	Friends and Family

And as many predicted, effects of the pandemic are with us still, whether it is difficulty in keeping workers or an increase in mental health issues due to isolation or youth who ‘grew up’ without learning social skills in school. Sixty-eight percent in the YH survey reported their health about the same, but 17% reported it worse since March of 2020 with stress being a leading cause.

While YH survey respondents in 2024 continued to report good and very good health (93%), a much smaller percentage, less than half, are satisfied with access to healthcare and more are reporting needing to seek services outside their immediate area.

Mental health services are still a considered difficult to find, with primary care now added to the top 3 services respondents felt they had to look for outside their usual and immediate area.

“As we emerge from the pandemic, the overall impact on health is becoming apparent, but not well measured in many of our standard data sources. For instance, data on those who experience mental health conditions due to anxiety of getting infected by COVID-19, the isolation, job loss, and other stressors of managing day-to-day routines during a pandemic may not be evident in the currently available data. We do know many had to put off getting care for health conditions, such as treatment for cardiovascular disease or getting screened for cancers. We may well see the effects of the pandemic from exposure, deferred care, stress, and interruptions in education for years to come, but many of the impacts will not be evident in any data collected and reported even in 2021.” – York County Health Profile, 2021



The list to the left reflects how the York Hospital survey respondents rated community conditions in 2021 and 2024. Respondents overwhelmingly felt very positive about their communities and recognize many assets. However, positive perceptions of **affordable housing, economic opportunity** and their community being a **good place to grow old** have decreased substantially from 2021.

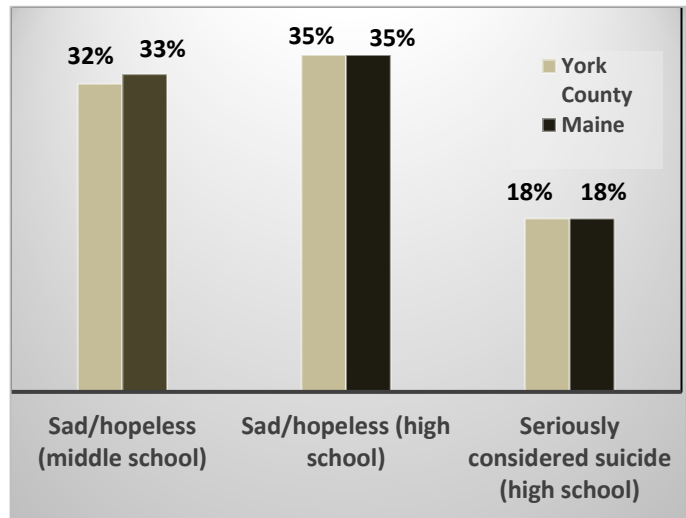
Health Priorities: Mental Health, Substance Use, Cardiovascular Disease

The following is some of the most current information available for the top three priority areas as chosen by the CHNA process: **Mental Health, Substance Use and Cardiovascular Disease.**

Mental Health

At the York County Health Forum in October, 2024, the question was posed but not answered, “Why is there a lack of community care and infrastructure for mental health?”

Contributing community factors to poor mental health include lack of appropriate care due in part to a national and local shortage of trained behavioral health professionals. With fewer trained to assist youth who tend to bring unique challenges. Similarly to substance misuse, many adolescents and



Youth Mental Health, Maine Integrated Youth Health Survey, 2023

young adults are not at the stage of acknowledging a need for help.

“Without the right support, children experiencing mental health challenges – and those at risk of developing them – can face long-term challenges in their development and in adulthood.” John T. Gorman Foundation

Here are some statistics about childhood mental health in Maine from the Data Snapshot: Child and Family Mental Health in Maine, March, 2024 (www.itgfoundation.org):

- One in six Maine children have been diagnosed with anxiety – one of only three states with a child anxiety rate about 15%.
- Maine has a childhood depression rate of 7% – compared to 4% nationally.
- As reported by NAMI Maine (2021), 49% of Mainers ages 12–17 who have depression did not receive any care in the previous year.
- 20% of Maine children have experienced two or more Adverse Childhood Experiences (ACEs) – compared with 17% nationwide – placing them at higher risk of developing mental health conditions later in life.

Families are concerned about the stigma of mental health and the cost of treatment. Another potential contributing factor might be a lack of awareness and education on symptoms of poor mental health and its risks at very young ages. Currently, there is a lack of providers for all ages but especially the very young and those in need of medical treatment. York Hospital's Psychiatry Associates receives request for providers who can treat those under 14 and is working to recruit that difficult to find expertise.



223,000 adults in Maine have a mental health condition.
That's more than **11X** the population of Augusta.

According to the National Alliance for Mental Illness (NAMI) Maine, Mainers are 11 times more likely to be forced out-of-

network for mental health care than for primary care, making it more difficult to find help & less affordable due to higher out-of-pocket costs. And of the 65,000 adults in Maine who did not receive needed mental health care, 46.1% did not because of cost with 8.1% of people in the state uninsured. Mainers struggle to get the help they need. 260,862 people in Maine live in a community that does not have enough mental health professionals. (NAMIMaine.org, 2021).

Schools in southern Maine are still expected to bear the burden of assisting young people with their mental health challenges. Yet many lack a background in behavioral health that meets the growing need. Stigma and lack of understanding of mental health disorders or challenges can make it difficult to know if one needs support or how to direct them to the right resource. York Hospital's Community Health Team collaborates with NAMI Maine to continue and improve its efforts reducing stigma, increasing awareness and education opportunities for school staff, parents and youth through nationally recognized trainings like Mental Health First Aid. Community Health is also working with NAMI Maine to train youth to be peer helpers through Teen Mental Health First Aid. York County Community College has a new Behavioral Health Program with full classes of those wanting to become trained in both mental health and substance abuse counseling.

Selected Data from the York County Health Profile, 2024: Mental Health

Indicator	York County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Mental Health							
Depression, current symptoms (adults)	2015-2017 9.3%	2019-2021 10.8%	○	2019-2021 10.4%	○	—	N/A
Depression, lifetime	2015-2017 22.8%	2019-2021 22.0%	○	2019-2021 23.0%	○	2021 19.5%	!
Sad/hopeless for two weeks in a row (high school students)	2019 32.2%	2023 35.2%	○	2023 35.0%	○	—	N/A
Sad/hopeless for two weeks in a row (middle school students)	2019 24.0%	2023 32.1%	!	2023 32.7%	○	—	N/A
Anxiety, lifetime	2015-2017 20.1%	2019-2021 23.1%	○	2019-2021 23.9%	○	—	N/A
Seriously considered suicide (high school students)	2019 16.8%	2023 18.0%	○	2023 17.8%	○	—	N/A
Seriously considered suicide (middle school students)	2019 18.8%	2023 20.9%	○	2023 21.8%	○	—	N/A
Mental health emergency department rate per 10,000 population	2016-2018 152.7	—	N/A	—	N/A	—	N/A
Ratio of population to mental health providers	—	—	N/A	—	N/A	—	N/A
Ratio of population to psychiatrists	2019 20,812	2024 10,621	N/A	2024 8,380	N/A	—	N/A
Currently receiving outpatient mental health treatment (adults)	2015-2017 17.5%	2019-2021 19.7%	○	2019-2021 20.0%	○	—	N/A
Children with mental health disorders who receive treatment	—	—	N/A	2020-2021 59.3%	N/A	2020-2021 51.6%	N/A
Intentional Injury							
Suicide deaths per 100,000 population	2015-2019 18.6	2018-2022 19.5	○	2018-2022 18.3	○	2021 14.1	!

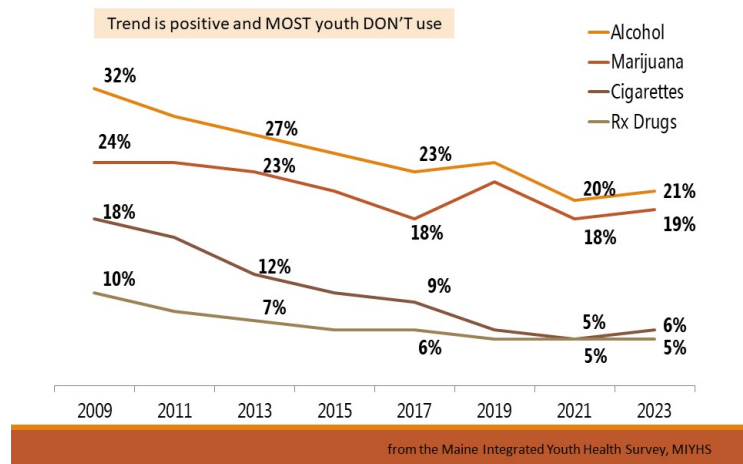
Indicator	York County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Intentional self-injury (high school students)	2019 17.7%	2023 22.5%	○	2023 22.9%	○	—	N/A
Intentional self-injury (middle school students)	2019 18.9%	2023 23.0%	○	2023 23.6%	○	—	N/A
Bullying on school property (high school students)	2019 22.7%	2023 21.4%	○	2023 21.9%	○	—	N/A
Bullying on school property (middle school students)	2019 24.0%	2023 48.8%	!	2023 48.6%	○	—	N/A
Electronic bullying (high school students)	2021 18.8%	2023 20.3%	○	2023 20.0%	○	—	N/A
Electronic bullying (middle school students)	2021 35.1%	2023 35.2%	○	2023 35.1%	○	—	N/A

ⁱ Endnote explains symbols in chart.

Substance Use, Misuse and Use Disorders

Despite resources in the York Hospital area including medication assisted treatment and recovery coaching at York Hospital, isolation, lack of providers, and access to more deadly drugs still seem to be affecting the prevalence and concern for substance use. Sustaining connections to peers who are positive and support health are primary motivating factors in recovery that were made more difficult during and since the pandemic.

Past 30 Day Drug Use, York County High Schools 2009-2023



Maine passed looser alcohol sales laws during the pandemic allowing a substantial increase in at home delivery and other sales and use and potential increased access for youth. Presented as temporary relief for businesses, these laws are still in effect. The cannabis industry in York County also provides increased access to strong THC content products used for a variety of reasons.

We know from local schools that staff report seeing more and more severe behavioral issues since 2021. Youth substance use rates in York County have greatly improved since 2009. But still, nearly 20% of our youth use alcohol or marijuana with increasing numbers at younger ages.

Young adults, 18-25 years are the population with the highest use of drugs and mental health issues. According to state data from 2021, Maine has some of the highest heavy drinking rates among young adults (18 to 24) as well as marijuana use in the US. In 2021, nearly one in ten young adult Mainers qualified as heavy drinkers. In addition, one in four (24%) adults 18 to 24 reported binge drinking (5 or more drinks at a sitting) in the past month.



In 2019-2020, more than one in three (35%) Mainers 18 to 25 used marijuana within the past month; this was much higher than the U.S. (23%) and an increase of 25% since 2012-2013 (28%).

CONSEQUENCES

In 2021, Emergency Medical Services responded to 671 calls for alcohol intoxication/withdrawal among Mainers 18-34. These calls were disproportionately high compared to other age groups, representing one in four (25%) alcohol related responses.



Nearly half (42%) of drug/alcohol impaired crashes were among Maine drivers 18 to 29 in 2021. Four percent of all crashes among drivers 21 to 34 involved impaired driving.



In 2020, nearly one in three young adult Mainers qualified as having a substance use disorder: ranking Maine 3rd in the Nation. Research suggests that the portion of the brain responsible for decision making does not fully mature until 25 years of age, making this population more vulnerable to risky and harmful behaviors. It is vital to continue to monitor young adults and gather data around the risk and protective factors that affect their decision to use substances. Now more than ever, Maine must focus on upstream primary prevention efforts including screening and interventions before negative health outcomes occur.

Data and graphics from the www.maineow.org with additional references from the National Institute of Drug Use and its director, Nora Volkow.

Thankfully Maine recorded one of nation's biggest declines in overdose deaths from drugs from 723 in 2022 to 607 in 2023 (data from 2024 is not yet available). Maine, which reported a 16% drop, is one of four states that saw at least a 15% decline in fatal drug overdoses in 2023 (Portland Press Herald, May, 2024). Opioid misuse

The Maine Recovery Council was established to direct the disbursement of opioid settlement funds from pharmaceutical companies within the Maine Recovery Fund for specific uses throughout the state to address the opioid crisis in Maine. Examples of approved uses are reversing overdoses through naloxone or other FDA-approved drugs, expanding the availability of medication assisted treatment for Mainers struggling with opioid use disorder, helping Mainers avoid opioid use through evidence-based prevention programs, and providing additional special education resources to Maine schools (<https://www.maine.gov/ag/recovery-council/index.shtml>).

A 15-member Maine Recovery Council is tasked with overseeing the distribution of half of Maine's \$230 million share of opioid settlement funds over 18 years. The national settlements are the result of years of litigation against pharmaceutical manufacturers, distributors and retailers accused of fueling the epidemic (Maine Monitor, November, 2023). The Council awarded nearly 14 million dollars across the state in November, 2024. The projects, selected from more than 120 applications, include a methadone clinic in Aroostook County, a syringe service program in Hancock County, and recovery homes in Franklin County. Four projects were funded in York County.

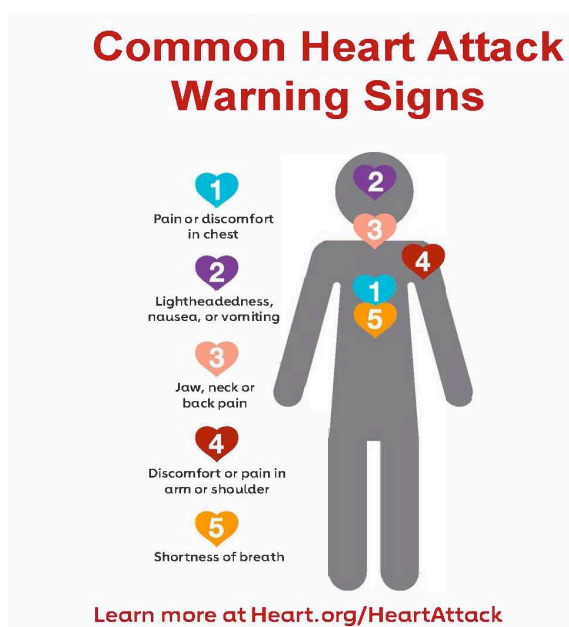
	York County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Substance Use							
Overdose deaths per 100,000 population	2020 35.4	2023 64.0	N/A	^	N/A	2019 21.5	N/A
Drug-induced deaths per 100,000 population	2015-2019 35.2	2018-2022 38.9	○	2018-2022 55.6	★	2019 22.8	!
Alcohol-induced deaths per 100,000 population	2015-2019 10.9	2018-2022 14.7	○	2018-2022 18.6	○	2019 10.4	!
Alcohol-impaired driving deaths per 100,000 population	2019 1.4	—	N/A	2022 4.5	N/A	2022 4.1	N/A
Drug-affected infant reports per 1,000 births	2018-2019 41.0	—	N/A	2018-2019 73.2	N/A	—	N/A
Chronic heavy drinking (adults)	2015-2017 9.5%	2019-2021 9.3%	○	2021 8.2%	○	2021 6.3%	N/A
Past-30-day alcohol use (high school students)	2019 24.0%	2023 21.3%	○	2023 20.5%	○	—	N/A
Past-30-day alcohol use (middle school students)	2019 3.5%	2023 4.6%	○	2023 4.8%	○	—	N/A
Binge drinking (adults)	2015-2017 18.7%	2019-2021 16.5%	○	2019-2021 15.5%	○	2021 15.4%	○
Binge drinking (high school students)	2019 8.2%	^	N/A	^	N/A	—	N/A
Binge drinking (middle school students)	2019 1.1%	2023 1.7%	○	2023 1.8%	○	—	N/A
Past-30-day marijuana use (adults)	2017 13.4%	2017-2021 24.2%	!	2017-2021 18.3%	!	—	N/A
Past-30-day marijuana use (high school students)	2019 21.7%	2023 18.9%	N/A	2023 18.7%	N/A	—	N/A
Past-30-day marijuana use (middle school students)	2019 3.3%	2023 4.1%	○	2023 5.0%	○	—	N/A
Past-30-day misuse of prescription drugs (adults)	2013-2017 0.8%	—	N/A	—	N/A	—	N/A
Past-30-day misuse of prescription drugs (high school students)	2019 4.9%	2023 5.2%	○	2023 5.2%	○	—	N/A

Indicator	York County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Substance Use (continued)							
Past-30-day misuse of prescription drugs (middle school students)	2019 2.7%	2023 5.2%	○	2023 4.9%	○	—	N/A
Lifetime illicit drug use (high school students)	—	—	N/A	—	N/A	—	N/A
Narcotic doses dispensed per capita by retail pharmacies	2020 17.7%	—	N/A	2020 12.1%	N/A	—	N/A
Adults who needed treatment for substance use in the past year	—	—	N/A	2021-2022 20.7%	N/A	2021-2022 20.1%	N/A
Adults who needed and did not receive treatment for substance use	—	—	N/A	2021-2022 70.6%	N/A	2021-2022 76.9%	N/A
Overdose emergency medical service responses per 10,000 population	2020 72.9	2023 71.6	N/A	2023 96.1	N/A	—	N/A
Opiate poisoning emergency department rate per 10,000 population	2016-2018 12.1	—	N/A	2018 8.6	N/A	—	N/A
Opiate poisoning hospitalizations per 10,000 population (ICD-10)	2016-2018 1.3	2019-2021 1.2	N/A	2021 1.1	N/A	—	N/A
Tobacco Use							
Current cigarette smoking (adults)	2017 16.1%	2021 13.4%	○	2021 15.6%	○	2021 14.4%	○
Past-30-day cigarette smoking (high school students)	2019 5.7%	2023 4.8%	○	2023 5.6%	○	—	N/A
Past-30-day cigarette smoking (middle school students)	2019 1.0%	2023 1.5%	○	2023 2.1%	○	—	N/A
Past-30-day tobacco use (high school students)	2019 9.3%	2023 7.3%	○	2023 7.6%	○	—	N/A
Past-30-day tobacco use (middle school students)	2019 2.7%	2023 3.0%	○	2023 3.1%	○	—	N/A
Current E-cigarette use (adults)	2015-2017 3.3%	2019-2021 6.0%	○	2021 5.8%	○	—	N/A

Indicator	York County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Substance Use (continued)							
Past-30-day use of vaping products (high school students)	2019 28.5%	2023 15.5%	★	2023 15.6%	○	—	N/A
Past-30-day use of vaping products (middle school students)	2019 7.0%	2023 5.2%	○	2023 5.7%	○	—	N/A
Environmental tobacco smoke exposure (high school students)	2019 37.8%	2023 28.7%	○	2023 19.3%	○	—	N/A
Environmental tobacco smoke exposure (middle school students)	2019 19.5%	2023 16.7%	○	2023 19.9%	○	—	N/A
Maine QuitLink users	2020 2.2%	2024 3.1%	N/A	2023 2.2%	N/A	—	N/A

Cardiovascular Disease

Cardiovascular disease is a leading cause of death in Maine. And the state has some of the highest rates of stroke deaths in New England. Heart disease is the second leading cause of death in



Maine, and stroke is the fourth leading cause. 11% of Maine adults have reported being told by a health professional that they have angina or coronary heart disease (Maine Mortality Report, 2020 at www.maine.gov). Only 15% of Maine adults know all the signs of a heart attack and would call 911, and only 21% know all the signs of a stroke and would call 911 (most current available data from the Maine CDC, 2009).

A family history of cardiocascular disease, high blood pressure, high cholesterol, or type 2 diabetes can increase one’s risk of developing the condition. Unhealthy behaviors like smoking, drinking alcohol, and eating an unhealthy diet

can increase the risk of cardio vascular disease as well. These behaviors can lead to high blood pressure, diabetes, high cholesterol, and obesity. While CVD was not identified as a priority health issue in the last few Community Health Needs Assessments, diabetes and obesity were.

Social factors like poverty and living in a food desert can limit access to healthy food and increase the risk of CVD. And while York Hospital was recently rated as “high performing” in heart attack care, significantly better than the national average (www.health.usnews.com); it has been working these past 2-3 years on a campaign to raise money to build a new state of the heart cath lab to provide increased and state of the art care. The Hospital has raised funds through donations, from the local Peterson Family and through a large Health Resources and Services Administration (HRSA) grant. The new Petrovich/Peterson Cath Lab will be completed in early 2025 and provide a variety of services to help treat CVD including minimally invasive procedures to diagnose and treat heart and blood vessel conditions and that utilize imaging, catheterization, diagnostic tests, and stent placements.

The data shown here from the York County Health Profile, 2024ⁱⁱ reflects the need for a variety of strategies to help prevent, educate and treat CVD and its related diseases.

	York County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Cardiovascular Disease							
Cardiovascular disease deaths per 100,000 population	2015-2019 169.7	2018-2022 174.4	○	2018-2022 200.4	★	2021 231.8	★
Coronary heart disease deaths per 100,000 population	2015-2019 67.8	2018-2022 69.2	○	2018-2022 82.0	★	2021 92.8	★
Heart attack deaths per 100,000 population	2015-2019 18.8	2018-2022 17.4	★	2018-2022 24.6	★	2021 26.8	★
Stroke deaths per 100,000 population	2015-2019 28.2	2018-2022 26.8	○	2018-2022 29.4	○	2021 41.1	★
High blood pressure hospitalizations per 10,000 population	2016-2018 15.1	2019-2021 18.8	!	2019-2021 19.4	○	—	N/A
Heart failure hospitalizations per 10,000 population	2016-2018 8.5	2019-2021 4.5	★	2019-2021 4.5	○	—	N/A
	York County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Heart attack hospitalizations per 10,000 population	2016-2018 15.5	2019-2021 13.0	★	2019-2021 18.9	★	—	N/A
Stroke hospitalizations per 10,000 population	2016-2018 17.7	2019-2021 16.8	○	2019-2021 19.2	★	—	N/A
High blood pressure	2015&2017 34.7%	2021 33.3%	○	2021 34.9%	○	2021 32.4%	○
High cholesterol	2015&2017 38.0%	2017&2019 35.6%	○	2017 & 2019 36.2%	○	2019 33.1%	○
Cholesterol checked in past five years	2015&2017 86.0%	2017&2019 89.1%	○	2017&2019 87.2%	○	2019 86.6%	N/A
Diabetes							
Diabetes	2015-2017 10.9%	2019-2021 10.3%	○	2019-2021 10.4%	○	2021 10.9%	○
Diabetes deaths (underlying cause) per 100,000 population	2015-2019 21.0	2018-2022 21.5	○	2018-2022 25.2	○	2021 25.4	★
Diabetes hospitalizations (principal diagnosis) per 10,000 population	2016-2018 11.7	2019-2021 11.3	○	2019-2021 13.1	★	—	N/A

	York County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Diabetes emergency department rate (principal diagnosis) per 10,000 population	2016-2018 26.2	—	N/A	2016-2019 31.2	N/A	—	N/A
Heart attack hospitalizations per 10,000 population	2016-2018 15.5	2019-2021 13.0	★	2019-2021 18.9	★	—	N/A
Stroke hospitalizations per 10,000 population	2016-2018 17.7	2019-2021 16.8	○	2019-2021 19.2	★	—	N/A
High blood pressure	2015&2017 34.7%	2021 33.3%	○	2021 34.9%	○	2021 32.4%	○
High cholesterol	2015&2017 38.0%	2017&2019 35.6%	○	2017 & 2019 36.2%	○	2019 33.1%	○
Cholesterol checked in past five years	2015&2017 86.0%	2017&2019 89.1%	○	2017&2019 87.2%	○	2019 86.6%	N/A
Diabetes							
Diabetes	2015-2017 10.9%	2019-2021 10.3%	○	2019-2021 10.4%	○	2021 10.9%	○
Diabetes deaths (underlying cause) per 100,000 population	2015-2019 21.0	2018-2022 21.5	○	2018-2022 25.2	○	2021 25.4	★
Diabetes hospitalizations (principal diagnosis) per 10,000 population	2016-2018 11.7	2019-2021 11.3	○	2019-2021 13.1	★	—	N/A
Diabetes emergency department rate (principal diagnosis) per 10,000 population	2016-2018 26.2	—	N/A	2016-2019 31.2	N/A	—	N/A
Diabetes (continued)							
A1c test at least twice/year (adults with diabetes)	2011-2017 79.4%	2017-2021 76.0%	○	2017-2021 74.3%	○	2021 72.7%	○
Formal diabetes education (adults with diabetes)	2011-2017 63.5%	2017-2021 55.3%	○	2017-2021 54.0%	○	2021 52.5%	○
Dilated eye exam annually (adults with diabetes)	2011-2017 66.7%	2017-2021 68.9%	○	2017-2021 71.9%	○	2021 67.1%	○
Physical Activity, Nutrition and Weight							
Obesity (adults)	2017 29.0%	2021 33.1%	○	2021 31.9%	!	2021 33.9%	○
Obesity (high school students)	2019 13.8%	2023 12.6%	○	2023 15.7%	○	—	N/A
Obesity (middle school students)	2019 13.3%	2023 16.2%	○	2023 16.0%	○	—	N/A

Indicator	York County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Overweight (adults)	2017 38.6%	2021 32.4%	○	2017-2021 34.7%	○	2021 34.4%	○
Overweight (high school students)	2019 15.5%	2023 14.9%	○	2023 16.0%	○	—	N/A
Overweight (middle school students)	2019 16.3%	2023 15.4%	○	2023 16.3%	○	—	N/A
Physical Activity, Nutrition and Weight (continued)							
Sedentary lifestyle – no leisure-time physical activity in past month (adults)	2017 25.6%	2021 22.3%	○	2017-2021 25.1%	○	2021 23.7%	○
Met aerobic physical activity recommendations (adults)	2015&2017 52.5%	2017&2019 51.7%	○	2017&2019 52.1%	○	—	N/A
Met physical activity recommendations (high school students)	2019 20.8%	2023 50.5%	★	2023 47.7%	○	—	N/A
Met physical activity recommendations (middle school students)	2019 25.0%	2023 48.6	★	2023 50.2%	○	—	N/A
Fewer than two hours combined screen time (high school students)	2019 32.8%	2023 24.2%	!	2023 22.9%	○	—	N/A
Fewer than two hours combined screen time (middle school students)	2019 26.4%	2023 26.7%	○	2023 28.8%	○	—	N/A
Fruit consumption (adults reporting less than one serving per day)	2017 30.8%	2021 32.6%	○	2017, 2019 & 2021 33.9%	○	2021 39.7%	★
Vegetable consumption (adults reporting less than one serving per day)	2017 14.5%	2021 9.8%	○	2017, 2019 & 2021 12.7%	○	2021 20.4%	★
Fruit and vegetable consumption (high school students reporting five or more a day)	2019 14.9%	2023 13.4%	○	2023 14.2%	○	—	N/A

Indicator	York County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
Fruit and vegetable consumption (middle school students reporting five or more a day)	2019 21.3%	2023 17.5%	○	2023 18.9%	○	—	N/A
Soda/sports drink consumption (high school students reporting one or more a day)	2019 19.0%	2023 24.8%	○	2023 25.3%	○	—	N/A
Soda/sports drink consumption (middle school students reporting one or more a day)	2019 17.7%	2023 22.8%	○	2023 23.3%	○	—	N/A
Food insecurity	2019 10.3%	2022 11.6%	N/A	2022 13.0%	N/A	—	N/A
Food insecurity (youth)	2016 14.8%	2022 25.9%	N/A	2022 18.7%	N/A	2016 18%	N/A

Focus Groups

The following are notes from several discussions with community partners about substance use and mental health as well as the issues and resources for each. The following are notes from the Choose To Be Healthy and Youth Resiliency Coalition Advisory Committee CHNA Review and Discussion and two Youth Focus Groups (15 volunteer student leaders from York High School and Middle School) all held in November, 2024. The youth focus groups also asked general questions about their community and what they see as needs for a proposed Community Center.



Coalition Advisory Committee includes representatives of businesses, education, the military, a local bank, schools and public health experts

CHNA discussion with Advisory Committee:

What are mental health and substance use issues in your community?

What are the mental health and substance use resources in your community?

Which populations do you think are priorities?

Mental Health Needs:

- Lack of availability of providers.
- Lack of interest when alcohol is not involved.
- Increased anxiety around marginalized youth and ability to support.
- Connection.
- Teen mental health.
- School attendance in relation to anxiety/depression

Mental Health Resources:

- Youth Mental Health First Aid trainings
- Bethereforme.org
- OUTMaine
- Recovery Center
- Psychology today
- NAMI
- erikasLighthouse.org
- Law enforcement trained in Mental Health First Aid & Social Worker at police departments
- 211.org
- Skills based curriculum resources

Substance Use Issues:

- Marijuana and messaging
- Vaping & Disciplinary/Restorative Procedures
- Opioid issues take the attention away from primary prevention, alcohol, marijuana and tobacco
- Culture that supports alcohol use. Lack of consequences related to student/athlete use
- Depression/anxiety related to substance use
- Marijuana legalization has continued to muddy the waters regarding inaccurate messaging about “harmless” with youth and adults
- Parents and community seem to need annual reminders/education regarding substance use prevention 101
- Overwhelming schools with too much information without plan/direction
- Code of conduct that doesn’t get followed (youth and parents)

Substance Use Resources:

- Catch My Breath for tobacco and marijuana prevention
- OPTIONS providers at Police Departments
- Youth in York (TIDALWAVE and SOBERFRIENDS) providing monthly activities and promoting the discovery and practice of natural highs for peers
- Mental Health Workshop for York MS/School ed techs
- Wellness Committees at schools
- Check Your Use Tools- ctbh.org
- CRAFT Screener (adolescent screening)
- Mass General Health new resources for providers to educate patients on alcohol and drug use
- McLean Hospital- MA- Free training to parents and children
- Spurwink, Sweetser, Health Affiliates of ME

Populations of Focus for Mental Health

- Youth and families struggling with access to providers
- Youth/young kids
- Recent high school grads that no longer have support they had in school
- Multi-generation connections
- Athletes/Coaching Staff- recent suicides have been athletes

Populations of Focus for Substance Use

- MS/HS Students
- Young kids/families/parents
- Athletes/parents of athletes

Youth Focus Group Questions (High School):

What do you like about living in your community?

- Safety
- Secure community
- Trust
- Close knit community
- Kind people
- Multiple seasons
- Enjoyable atmosphere/nature
- Beach/water
- No big franchises
- Homegrown
- Quality friends
- Positive environment
- Not a lot of crime
- Good place to grow up

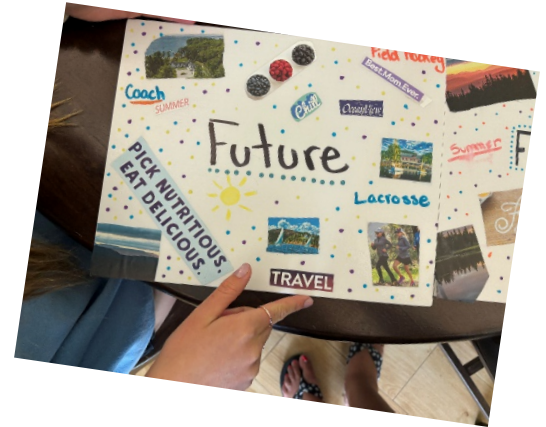
What do you dislike about living in your community?

- Everyone knows everyone/everything
- Judgement for mistakes
- “People pleasing culture”
- Not enough social spaces
- Closed for season (winter months; not a lot to do then)
- School focuses more on parent wants than student wants
- School does not take into consideration youth perspectives/wants



What or who in York supports good mental health?

- Student services/counselors
- Teachers that we have relationships with
- Family/friends
- School is not always the most supportive space
- Lack of free time to get work done- want PIE back
- Limited/no time to go outside- want to use outside courtyards
- “Forced family fun” at school- Wellness Wednesdays



What or who in York helps you stay drug-free?

- Wanting to preserve health
- Chem-free groups (TidalWavse or SoberFriends)
- Sports/team obligations
- Not giving into peer pressure or idea that use is normal
- Parent expectations

What kind of “things” would you like to see/ have in a new community center (York High School)?



- Multi-activity center
 - Pool
 - Ping-pong tables
 - Pickle ball court
 - Gymnasium/weight gym
 - Calendar of events
 - SAT prep/homework lounge with resources
 - Employment opportunities
 - Walkable from Middle School
 - Outdoor space
- Natural light / lots of windows
 - Lounge area

What do you like about living in York (Middle School)?

- Natural surroundings
- Nice people; don't see crime
- Able to walk from school to library
- Feel safe
- Food available
- Kindness of people in community
- Fat Tomato
- Village Scoop
- York Police
- York each Bucket
- Short sands
- Library

What do you not like about York (Middle School)

- Trash in the woods near library/ on the side of the road
- Smoking & vaping in my family/community
- Lack of crosswalks by the high school

What would you like to do at a new Community Center (York Middle School)?



Photo taken at Kittery Community Center, 8th Grade Youth Summit, 2024

- Sports
- Art
- Basketball
- Bean bags
- Xbox
- Read/books
- Spiritual care
- Theatre/cosplay
- Movies
- Eat food- like a taco station

What would you like at a new Community Center (York Middle School)?

- Walkable from school
- Open until 7 p.m.
- Adults who are open to hearing/understanding; non-judgmental or too strict.
- Adults who want you to feel safe/taken care of.
- No bullying
- Cellphones/Wi-Fi
- Computer room
- Room or space that is tech free
- Tutor room

Community Resources

- Call 211 or go to 211maine.org for Maine resources
- MainSpring in Kittery <https://www.mainspringcollective.org/>
- York County Community Action Corp. (207) 439-2699
- York Community Services Association
- Teen Text Line 1-515-TEXT – for youth peer support
- For local therapists – go to www.psychologytoday.com to search your area
- Northern New England Poison Control 800-222-1222 24/7
- The Recovery Center at York Hospital 351-2118
- Maine Crisis Line 1-888-568-1112
- National Suicide Prevention Lifeline 1-800-273-talk (8255)
- York Hospital Healthcare Help Center 207-351-2345
- York Hospital Recovery Center 207-351-2118

Educational and Prevention Resources

- Maine Department of Education SEL4ME <https://sel4me.maine.gov/> for parent resources, webinars and classroom lessons
- Partnership to End Addiction <http://www.drugfree.org>
- Community Health at York Hospital, the Choose to Be Healthy Coalition www.ctbh.org
- Yorkwise Volunteer Group <https://yorkwise.org/>

Endnotes

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The complete York County Health Profile for 2024 can be found at <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/health-profiles.shtml> and includes the following to help understand the data:

“The tables use symbols to show whether there are important changes in each indicator over time, and to show if local data is notably better or worse than the state or the U.S. Additional symbols are used to note when data may be too small for statistical reliability and suppressed due to a small number of responses and when data is pending (available at a later date) or unavailable.” See the box below for a key to the symbols:

CHANGE shows statistically significant changes in the indicator over time, based on 95% confidence interval (see description above).	
★	means the health issue or problem is getting better over time.
!	means the health issue or problem is getting worse over time.
○	means the change was not statistically significant.
N/A	means there is not enough data to make a comparison.
#	means compared at 90% Confidence Interval.
BENCHMARK compares York data to state and national data, based on 95% confidence interval (see description above).	
★	means York County is doing significantly better than the state or national average.
!	means York County is doing significantly worse than the state or national average.
○	means there is no statistically significant difference between the data points.
N/A	means there is not enough data to make a comparison.
#	means compared at 90% Confidence Interval.
ADDITIONAL SYMBOLS	
*	means results may be statistically unreliable due to small numbers, use caution when interpreting.
~	means suppressed data due to a small number of respondents.
^	means data is pending.
—	means data is unavailable.

Data in this report are presented as either rates, percentages, numbers, or ratios.

- For data that is represented as a percentage, the “%” symbol appears with the data point. The most common conditions and behaviors are presented as percentages.
- When the health condition, behavior, or outcome is less common, the numbers are presented as rates per 1,000, 10,000, or 100,000 people. For indicators that are a rate, look below the
- indicator name to see the rate denominator (per 1,000 or per 10,000, etc.). The less common the health condition, behavior, or outcome is, the larger the denominator.
- For a few indicators, a denominator is not available, and the data is presented as a number.
- For health care provider availability, the standard measure is a ratio, representing 1 provider for the specified number of people in the population.”