



2015 Shared CHNA: Summary of Findings from Surveillance Data & Stakeholders Survey

Table 22. Priority Health Issue Successes and Challenges for Hancock County-Surveillance Data

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> Hancock has fewer adults with 14+ days lost due to poor mental health [HAN=9.9%; ME=12.4%] Low overall mortality rate per 100,000 population [HAN=702.2; ME=745.8]* Fewer youth ages 0-17 with current asthma [HAN=4.4%; ME=9.1%] Low pneumonia emergency department rate per 100,000 population [HAN=558.4; ME=719.9]* Low colorectal cancer mortality per 100,000 population [HAN=13.0; ME=16.1] Low tobacco-related neoplasms, mortality per 100,000 population [HAN=31.0; ME=37.4] Low diabetes emergency department visits (principal diagnosis) per 100,000 population [HAN=181.1; ME=235.9]* Low diabetes mortality (underlying cause) per 100,000 population [HAN=16.6; ME=20.8] Hancock has fewer children with confirmed elevated blood lead levels (% among those screened) [HAN=1.5%; ME=2.5%]* as well as fewer children with unconfirmed elevated blood lead levels (% among those screened) [HAN=3.3%; ME=4.2%] Hancock has lower incidence rates than the state for: <ul style="list-style-type: none"> Newly reported chronic hepatitis B virus (HBV) [HAN=1.8; ME=8.1] Pertussis [HAN=14.6; ME=41.9] Chlamydia [HAN=164.5; ME=265.5] and HIV [HAN=1.8; ME=4.4] Fewer domestic assaults reports to police per 100,000 population [HAN=177.0; ME=413.0] 	<ul style="list-style-type: none"> Hancock County has a higher bladder cancer incidence rate per 100,000 population than the state [HAN=35.0; ME=28.3] High prostate cancer mortality per 100,000 population [HAN=30.7; ME=22.1] High acute myocardial infarction hospitalizations per 10,000 population [HAN=33.2; ME=23.5]* High acute myocardial infarction mortality per 100,000 population [HAN=40.3; ME=32.2]* High coronary heart disease mortality per 100,000 population [HAN=102.1; ME=89.8]* High stroke mortality per 100,000 population [HAN=42.0; ME=35.0] High Lyme disease incidence per 100,000 population [HAN=219.4; ME=105.3] High HIV/AIDS hospitalization rate per 100,000 population [HAN=25.5; ME=21.4] Hancock has high firearm deaths per 100,000 population [HAN=11.2; ME=9.2] as well as high suicide deaths per 100,000 population [HAN=16.1; U.S.=12.6] High unintentional motor vehicle traffic crash related deaths per 100,000 population [HAN=14.5; ME=10.8] More chronic heavy drinking (Adults) [HAN=8.7%; ME=7.3%] More past-30-day marijuana use (Adults) [HAN=10.9%; ME=8.2%]

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> • Low reported rape rate per 100,000 population [HAN=0.0; ME=27.0] • Low violent crime rate per 100,000 population [HAN=56.6; ME=125.0] • Low traumatic brain injury related emergency department visits (all intents) per 10,000 population [HAN=64.5; ME=81.4]* • Low unintentional fall related injury emergency department visits per 10,000 population [HAN=309.8; ME=361.3]* • Hancock has fewer adults who have ever had anxiety [HAN=15.7%; ME=19.4%] as well as fewer adults with current symptoms of depression [HAN=7.6%; ME=10.0%] • Low mental health emergency department rates per 100,000 population [HAN=1,564.4; ME=1,972.1]* • Low infant deaths per 1,000 live births [HAN=3.8; ME=6.0] • Low emergency medical service overdose response per 100,000 population [HAN=301.7; ME=391.5] • Low substance-abuse hospital admissions per 100,000 population [HAN=184.4; ME=328.1]* 	

Asterisk (*) indicates a statistically significant difference between Hancock County and Maine
 All rates are per 100,000 population unless otherwise noted

Table 23. Priority Health Issue Challenges and Resources for Hancock County-Stakeholder Survey Responses

Stakeholder Input - Stakeholder Survey Responses ¹	
Community Challenges	Community Resources
<p>Biggest health issues in Hancock County according to stakeholders (<i>% of those rating issue as a major or critical problem in their area</i>).</p> <ul style="list-style-type: none"> • Obesity (82%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • Obesity/Physical activity and nutrition: Greater access to affordable and healthy food; more programs that support low income families • Drug and alcohol abuse: Greater access to drug/alcohol treatments; greater access to substance abuse prevention programs; free or low-cost treatments for the uninsured; more substance abuse treatment providers; additional

¹ Results are from the Maine Shared Community Health Needs Assessment Stakeholder Survey, conducted in May-June, 2015, n=220.

<ul style="list-style-type: none"> • Drug and alcohol abuse (76%) • Diabetes (72%) • Physical activity and nutrition (71%) • Depression (71%) 	<p>therapeutic programs</p> <ul style="list-style-type: none"> • Diabetes: More funding • Depression: More mental health professionals; more community-based services; better funding and support; greater access to inpatient care; readily available information about resources; transitional programs <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • Obesity/Physical activity and nutrition: Public gyms; farmers markets; Maine SNAP-ED Program; school nutrition programs; public walking and biking trails; Healthy Maine Partnerships; Let's Go! 5-2-1-0 • Drug and alcohol abuse: Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services • Diabetes: National Diabetes Prevention Program; Free screenings; YMCA's (Public gyms); Education programs; School nutrition programs; Diabetes and Nutrition Center; Maine CDC DPCP • Depression: Mental health/counseling providers and programs
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Table 24. Priority Health Factor Strengths and Challenges for Hancock County-Surveillance Data

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> • Fewer individuals who are unable to obtain or delay obtaining necessary medical care due to cost [HAN=9.9%; U.S.=15.3%] • More homes with private wells tested for arsenic [HAN=54.9%; ME=43.3%]* • More lead screening among children age 12-23 months [HAN=56.3%; ME=49.2%]* • Fewer adults with less than one serving of vegetable per day [HAN=14.7%; ME=17.9%] • Lower current cigarette smoking among adults [HAN=14.2%; ME=20.2%] 	<ul style="list-style-type: none"> • More children living in poverty [HAN=21.5%; ME=18.5%] • Higher unemployment rate [HAN=7.0%; ME=5.7%] • Higher percent of uninsured [HAN=14.7%; ME=10.4%]* • Fewer adults immunized for pneumococcal pneumonia (ages 65 and older) [HAN=62.3%; ME=72.4%]* • More immunization exemptions among kindergarteners for philosophical reasons [HAN=10.0%; ME=3.7%]

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All rates are per 100,000 population unless otherwise noted*

Table 25. Priority Health Factor Challenges and Resources for Hancock County-Stakeholder Responses

Stakeholder Input- Stakeholder Survey Responses ²	
Community Challenges	Community Resources
<p>Biggest health factors leading to poor health outcomes in Hancock County according to stakeholders (<i>% of those rating factor as a major or critical problem in their area</i>).</p> <ul style="list-style-type: none"> • Transportation (72%) • Health care insurance (72%) • Health literacy (72%) • Poverty (70%) • Employment (66%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • Transportation: More/better transportation systems; better access to public transportation; additional funding for organizations that help with rides to medical appointments; additional resources for transportation for the elderly and disabled • Health care insurance: Expansion of Medicaid; making insurance more affordable; universal health care; more stable health care system • Poverty: Greater economic development; increased mentoring services; more skills trainings; more employment opportunities at livable wages; better transportation; better education • Employment: More job creations; more training; more employment opportunities at livable wages; Greater economic development; more funding for education <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • Health care insurance: MaineCare; ObamaCare (Affordable Care Act); Free care • Health literacy: Hospital systems; primary care providers; social service agencies • Poverty: General Assistance; other federal, state and local programs • Employment: Adult education centers; career centers

² Results are from the Maine Shared Community Health Needs Assessment Stakeholder Survey, conducted in May-June, 2015.