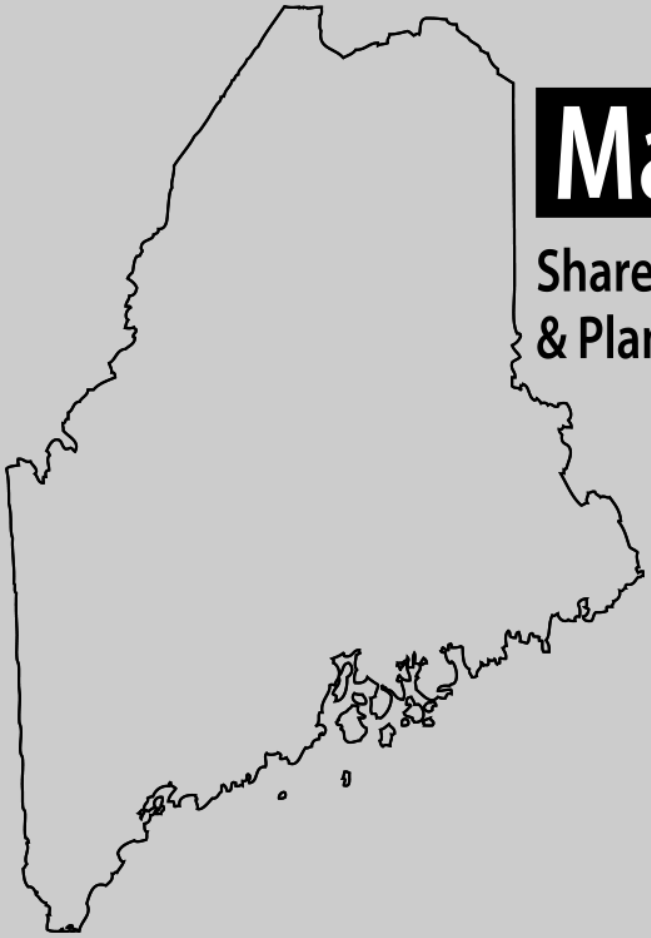

Maine SHNAPP

Shared Health Needs Assessment & Planning Process

2015 Shared Community Health Needs Assessment

Kennebec County

DRAFT

Prepared by: Market Decisions Research and Hart Consulting, Inc., October XX, 2015

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MARKET DECISIONS RESEARCH

HART CONSULTING

See end of the report for a list of contributors and partners.

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Table of Tables

How to Use This Report

This report contains findings for Kennebec County from the Maine Shared Community Health Needs Assessment (Maine Shared CHNA) conducted in 2015. It is divided into 10 sections to provide the reader with an easy-to-use reference to the lengthy data-rich assessment. It starts with the highest level of data, followed by summaries and synthesis of the data. The last sections include the detailed findings from assessments as well as sources.

The report has several features that are important to keep in mind:

- The document provides a reference for more than 160 indicators and 33 survey questions covering many topics. It does not explore any individual topic in-depth.
- The definitions and sources for each indicator discussed in the report are found at the end in the data sources section.

The following is a brief description of each section.

Executive Summary
The summary provides the highest level data for the county.

Background
This section explains the purpose and background of the SHNAPP and the Shared CHNA. It includes a description of the methodology and data sources used in the assessment.

County Demographics
The demographic section compares the population and socio-economic characteristics of the county to the overall state of Maine.

Summary of Findings
This section provides a summary of the assessment data by health issue; it compares the county to the state and U.S. on key indicators, and explains the importance of the health issues.

Stakeholder Feedback
High-level findings from the stakeholder survey are included in this section. It explores the top five health issues and factors identified as local priorities or concerns by stakeholders. It shares respondent concern for populations experiencing disparities in health status for these issues.

Priority Health Issues and Challenges
Priority health issues and challenges appear in this section. This section categorizes the key findings from the quantitative and stakeholder (qualitative) datasets as strengths and challenges. The analysis includes health issue indicators from the quantitative datasets sorted into challenges and strengths, and stakeholder responses for challenges and resources to address the challenges.

County Health Rankings

The *2015 County Health Ranking & Roadmaps* model for the county is shown in this section. The model, from the University of Wisconsin Population Health Institute, shows how the individual health indicators lead to health behaviors, health outcomes, and overall health status. The graphic illustration indicates the county rank, among all 16 counties, on health issues in the state of Maine. Note that the data in the 2015 is not necessary the same indicators or from the same years as the quantitive data in the remainder of the report. Data were not changed to keep the integrity of the *County Helath Rankings & Roadmaps* model.

Stakeholder Survey Findings

This section displays the full set of responses to each question asked in the stakeholder survey (excluding open-ended responses, which is available upon request). It compares the county to the statewide responses.

Health Indicator Results from Secondary Data Sources

The results and sources section details the data for each of the 161 indicators for the county. It includes a table that compares data for the county, the state, and the U.S. (where available). Statistically significant differences (at 95% confidence) are noted in this table where available and applicable.

Health Indicator Data Sources

This section lists the data source, year and additional notes for each indicator. In addition to the stakeholder survey conducted as a primary data source for this project, the secondary data sources used in this assessment include:

Bureau of Labor Statistics
Child Maltreatment Report Administration on Children Youth and Families
Maine Cancer Registry (MCR)
MaineCare
Maine Behavioral Risk Factor Surveillance System (BRFSS)
Maine CDC Drinking Water Program
Maine CDC HIV Program
Maine CDC Lead Program
Maine CDC National Electronic Disease Surveillance System (NEDSS)
Maine CDC Public Health Emergency Preparedness (PHEP)
Maine CDC STD Program
Maine CDC Vital Records
Maine Dept. of Education
Maine Dept. of Public Safety
Maine Dept. of Labor
Maine Health Data Organization (MHDO)
Maine Integrated Youth Health Survey (MIYHS)
Maine Office of Data Research and Vital Records
National Immunization Survey (NIS)
National Survey of Children w/ Special Health Care Needs
National Center for Health Statistics
U.S. Bureau of Labor Statistics
U.S. CDC WONDER & WISQARS
U.S. Census

Executive Summary

This summary provides high-level findings from the Maine Shared Community Health Needs Assessment conducted through a collaborative effort among Maine's four largest health care systems – Central Maine HealthCare, Eastern Maine Healthcare Systems (EMHS), MaineGeneral Health, MaineHealth – and the Maine Center for Disease Control and Prevention a department of the Maine Department of Health and Human Services (DHHS).

Demographics and Socio-Economic Factors

Kennebec County was home to 121,164 people in 2013. It is considered a rural county according to the urban and rural classifications defined by the New England Rural Health RoundTable.[1] It is similar to the state on many demographic and socioeconomic characteristics, including income, poverty rates, and education. Key demographic features in 2013 include:

- Median household income of $46,808
- 17% of children and 13.4% of adults live in poverty

Access to Health Care/Quality

Access to care in Kennebec County is slightly above the state average; specifically, a higher percentage of residents have health insurance and fewer report a lack of care due to cost. The ambulatory care-sensitive-condition hospital admission rate in Kennebec County was also significantly below the state rate. Key features for Kennebec County in 2013 include:

- 9.6% of adults did not have health insurance; 8.4% experienced cost-related barriers to getting healthcare in the last year
- 87.8% of adults reported having a personal doctor or other health care provider
- In 2011 the hospitalization rate for ambulatory care-sensitive conditions was 1,370.8 per 100,000 population

General Health and Mortality

The general health of Kennebec County tracks very closely to the state average, with the exception of a high overall mortality rate. Key features for Kennebec County in 2013 include:

- 14% of adults reported their health as fair or poor
- Similar to the state overall, the top three leading causes of death are cancer, heart disease, and lower respiratory diseases
- The overall mortality rate per 100,000 population is significantly higher in Kennebec County (805.1) compared to the state (745.8)

[1] Rural Data For Action, New England Rural Health RoundTable, 2014. Available from: http://www.newenglandruralhealth.org/rural_data

Disease Incidence and Prevalence

Key features for Kennebec County in 2013 include:

- More than one in three adults live with some type of cardiovascular disease
    - Rate of hospitalizations for acute myocardial infarction per 10,000 population were significantly higher in Kennebec County (27.8) compared to the state (23.5)
    - Kennebec County had significantly higher coronary heart disease mortality rates per 100,000 population (101) than the state (90)
- While diabetes prevalence for Kennebec County is similar to the state (9.5% of adults), diabetes mortality (underlying cause) per 100,000 population is significantly higher (26) compared to the state (21) and rates of long-term diabetes complication hospitalizations (72) was also higher than the state (59)
- Lyme disease incidence was 113.9 per 100,000 population in 2014
- Chlamydia rate was 295.6 per 100,000 compared to 265.5 per 100,000 in Maine
- 47.2% of adults report being immunized annually for influenza similar to the state at 44.1%

Risk Factors and Social Determinants

Kennebec County has lower alcohol use risk factors among adults, including:

- Lower rates of binge drinking of alcoholic beverages and fewer adults who report chronic heavy drinking

The county has higher rates of crime and violence outcomes than the state average.

- This includes a higher violent crime rate, more domestic assaults reports to police and more reported rapes per 100,000 population

Stakeholder Priorities of Health Issues

Stakeholders who work in Kennebec County listed the following *health issues* as their top five concerns:

- Obesity
- Drug and alcohol abuse
- Mental health
- Physical activity and nutrition
- Depression

Stakeholders identified the following populations as being disproportionately impacted by the top health issues in Kennebec County:

- Low-income people, including those with incomes below the federal poverty limit
- Less than a high school education and/ or low literacy (low reading or math skills)
- Medically-underserved; including uninsured and under-insured
- People with disabilities; physical, mental, or intellectual
- Very rural and/or geographically isolated people

Stakeholders prioritized the following *factors* as having a great influence on health in Kennebec County, resulting in poor health outcomes for residents:

- Poverty
- Access to behavioral care/mental health care

- Health care insurance
- Transportation
- Health Literacy

The complete set of findings and discussion of each of the indicators can be found in the full report.

Background

Purpose

The Maine Shared Health Needs Assessment and Planning Process (SHNAPP) Project is a collaborative effort among Maine's four largest healthcare systems – Central Maine HealthCare, Eastern Maine Healthcare Systems (EMHS), MaineGeneral Health (MGH), MaineHealth – and the Maine Center for Disease Control and Prevention (Maine CDC), an office of the Maine Department of Health and Human Services (Maine DHHS). The current collaboration expands upon the OneMaine Health Collaborative created in 2007 as a partnership among EMHS, MGH, and MaineHealth. The Maine CDC and other partners joined these entities to develop a public-private partnership in 2012. The four hospital systems and the Maine CDC signed a memorandum of understanding (MOU) in effect between June 2014 and December 2019 committing resources to the Maine SHNAPP Project.

The overall goal of the Maine SHNAPP is to "turn data into action" by conducting a shared community health improvement planning process for stakeholders across the state. The collaborative assessment and planning effort will ultimately lead to the implementation of comprehensive strategies for community health improvement. As part of the larger project, the Maine SHNAPP has pooled its resources to conduct this Shared Community Health Needs Assessment (Shared CHNA) to inform community benefit reporting needs of hospitals, support state and local public health accreditation efforts, and provide valuable population health assessment data for use in prioritizing and planning for community health improvement. This assessment builds on the earlier OneMaine 2011 CHNA that was developed by the University of New England and the University of Southern Maine, as well as the 2012 Maine State Health Assessment that was developed by the Maine DHHS. This Shared CHNA includes a large set of statistics on health status and risk factors from existing surveillance and health datasets. It differs from earlier assessments in two ways. First, it includes input from a broad set of stakeholders from across the state from the 2015 SHNAPP Stakeholders' Survey and second, it does not include the household telephone survey conducted for the OneMaine effort.

Quantitative Data

This report contains quantitative data from 25 sources including surveillance surveys, in-patient and out-patient health data, and disease registries. These data include 161 indicators within 18 groupings (domains) at the state level and at the county and select urban levels, where possible. Table 28 contains the complete list of the data sources.

Qualitative Data

Qualitative data were collected through a statewide stakeholder survey conducted during May-June 2015 of more than 1,639 people, representing more than 86 organizations and businesses in Maine. The survey used a *snowball* sampling process by inviting leaders of member organizations and agencies to invite their members and employees to participate. Survey respondents represented public health and health care organizations, as well as behavioral health, business, municipalities, education, public safety, and non-governmental organizations. In Kennebec County, a total of 220 stakeholders responded to the survey.

Reports

The Shared CHNA has several reports and datasets for public use:

- County-Level Maine Shared Community Health Needs Assessment Reports summarize the data and provide insights into regional findings. These reports explore the priorities, challenges, and resources for each county and contain both summary and detailed tables.
- State-Level Maine Shared Community Health Needs Assessment Report includes information on each health issue including analysis of sub-populations. The report includes state summaries and detailed tables.
- Detailed Tables with each indicator, by subpopulation, county, urban areas, public health district, and year, are available on the Maine CDC website and may be downloaded.

County Demographics

Kennebec County has a total population of 121,164, with age and race/ethnicity breakdowns that closely match that of the state of Maine. The demographic and socioeconomic characteristics of the county are consistent with the state average on many measures including income, poverty rates, education, and general health status. Based on the Urban and Rural Classifications defined by the New England Rural Health RoundTable[2], Kennebec County is considered a rural area.

Figure 1. Population by Age Categories (U.S. Census 2013)

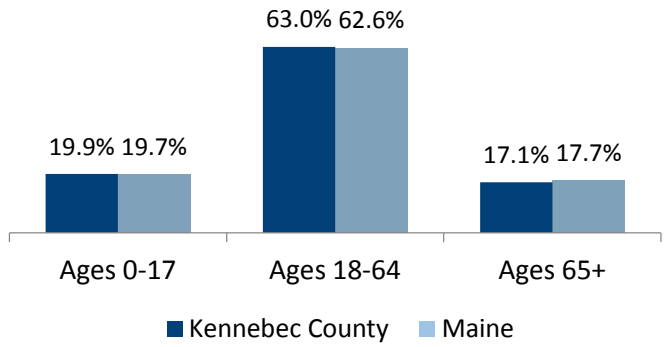
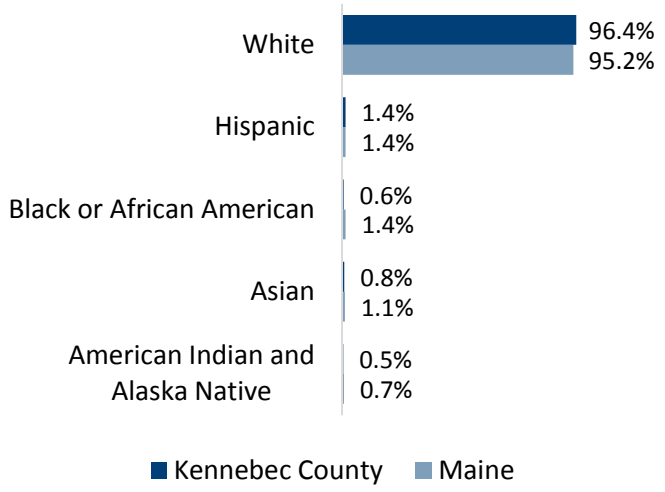


Figure 2. Population by Race/Ethnicity (U.S. Census 2013)



Kennebec County

Kennebec County, in central Maine, is home to the state's capital and many of state government functions. It is also home to several hospitals:

- Inland Hospital in Waterville
- MaineGeneral Health with two campuses - Alfond Center for Health in Augusta and Thayer Center for Health in Waterville
- Riverview Psychiatric Hospital in Augusta

Key Demographics

Population	Kennebec County	Maine
Overall Population	121,164	1.33 mil
Population density (per sq. mile)	140.8	43.1
Percentage living in rural areas	100.0%	66.4%
Single parent families	36.7%	29.1%
65+ living alone	42.7%	40.1%
Population living with a disability	17.6%	16.3%
Economic Status		
Median household income	$46,808	$46,974
Unemployment rate	5.4%	5.7%
Adults living in poverty	13.4%	13.6%
Children living in poverty	17.7%	18.5%
Education		
HS graduation rate	85.5%	86.5%
Health Status		
Adults rating health as fair/poor	14%	14.9%
Adults with 3+ chronic conditions	28.3%	27.9%
Adults with primary care provider	87.8%	87.4%

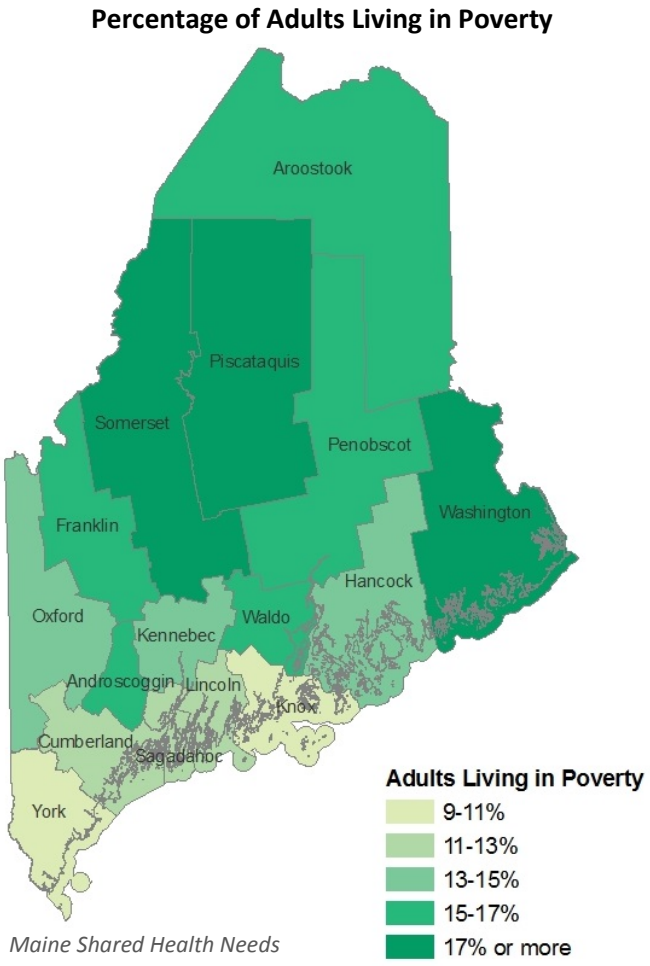
[2] Rural Data for Action, New England Rural Health RoundTable, 2014. Available from: http://www.newenglandruralhealth.org/rural_data

Kennebec County Summary of Findings

Socio-Economic Status

Economic opportunity and stability, including factors such as income, employment, food security, and housing stability have a significant impact on the health of individuals and communities. The 2013 Maine Behavioral Risk Factor Surveillance System (BRFSS) found the percentage of adults in Maine rating their health as excellent, very good or good was 94.8% among adults with household incomes of $50,000 or more, but only 53.8% among those with incomes under $15,000.

In addition to income, there are many other social determinants of health, which have been defined as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[3] The conditions in which we live explain in part why some are healthier than others, and why many are generally not as healthy as they could be. The Maine Shared Community Health Needs Assessment includes a number of socio-economic factors and other health determinants including income and poverty, employment, education, and household structure.



Maine Shared Health Needs Assessment, 2015

Table 1. Key Socio-Economic Indicators for Kennebec County

	Kennebec	Maine	US
Adults living in poverty (2013)	13.4%	13.6%	13.4%
Children living in poverty (2013)	17.7%	18.5%	21.6%
Median household income (2013)	$46,808	$46,974	$53,046
Single parent families (2013)	36.7%	29.1%	33.2%
65+ living alone (2013)	42.7%	40.1%	37.7%

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

[3] The Institute of Medicine. Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of Health Care, 2002. Available from: http://www.iom.edu/~/media/Files/Activity%20Files/Quality/NHDRGuidance/DisparitiesGornick.pdf [PDF - 108 KB]External Web Site Policy

General Health and Mortality

While it is essential to understand the causes, risk factors, and other determinants of a population's health status, broad measures of health and mortality can also help explain the overall status and needs of the population in general and in which populations there are disparities. General health status can be measured by self-reported data as well as by mortality-related data such as life expectancy, leading causes of death and years of potential life lost.

Table 2. Key Health and Mortality Indicators for Kennebec County

	Kennebec	Maine	US
Adults who rate their health fair to poor (2013)	14.0%	14.9%	16.7%
Adults with 14+ days lost due to poor mental health (2013)	10.8%	11.9%	NA
Adults with 14+ days lost due to poor physical health (2013)	12.9%	12.8%	NA
Adults with 3 or more chronic conditions (2013)	28.3%	27.9%	NA
Overall mortality rate per 100,000 population (2013)	*805**	746	822

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

The life expectancy in Kennebec County is 76 years for males and 81 years for females, similar to the state.

Access to Health/Health Care Quality

Access to timely, appropriate, high quality, and regular health care and preventive health services is a key component of maintaining health. Good access to health care can be limited by financial, structural, and personal barriers. Access to health care is impacted by location of and distance to health services, availability of transportation, the cost of obtaining the services, including the availability of insurance, the ability to understand and act upon information regarding services, the cultural competency of health care providers, and a host of other characteristics of the system and its clients. *Healthy People 2020* has identified four major components of access to health services: coverage, services, timeliness, and workforce.[4]

In Kennebec County, about one person in ten (9.6%) did not have health insurance in 2013. However, access to health insurance does not necessarily guarantee access to care: among those with health insurance, 5.5% in Kennebec County reported that they had experienced cost-related barriers to getting health care during the previous year.

[4] Healthy People 2020, Office of Disease Prevention and Health Promotion. Available from: http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

Table 3. Key Health Access to Health/Health Care Quality Indicators for Kennebec County

	Kennebec	Maine	US
Adults with a usual primary care provider (2013)	87.8%	87.4%	76.6%
Individuals who are unable to obtain or delay obtaining necessary medical care due to cost (2013)	8.4%	10.1%	15.3%
Percent uninsured (2013)	*9.6%**	11.2%	14.9%
Adults, ages 18-34, w/ visits to a dentist in past 12 months (2012)	67.4%	65.3%	67.2%
Ambulatory care-sensitive condition hospital admission rate per 100,000 population (2011)	*1,390**	1,499	1,458

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Ambulatory care-sensitive (ACS) hospital discharges is a Prevention Quality Indicator (PQI) defined by the Agency for Healthcare Research and Quality (AHRQ) and is intended to measure whether conditions are being treated appropriately in the out-patient setting before hospitalization is required. AHRQ provides nationwide rates based on lower acuity and cost analysis of 44 states from the 2010 Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID).[5]

Environmental Health

Environmental health includes both the natural and built environment. Within these environments, there is risk of exposure to toxic substances and other physical hazards that encompass the air we breathe, the food we eat, the water we drink, and the places we live, play and work.[6]

Water quality issues in Maine include hazards such as disinfection by-products, arsenic, nitrates/nitrites, as well as the addition of fluoride. Among households who get their drinking water from private wells, naturally occurring arsenic is a risk. Regular water quality testing can indicate the need for mitigation. 56.5% of households in Kennebec County with private wells have tested their water for arsenic, compared to 43.3% of households statewide.

Childhood lead poisoning rates are of a particular concern in areas with older housing and can disproportionately affect people living in older rental units and those with less income.

Table 4. Key Environmental Health Indicators for Kennebec County

	Kennebec	Maine	US
Children with elevated blood lead levels (% among those screened) (2013)	2.3%	2.5%	4.3%
Homes with private wells tested for arsenic (2013)	*56.5%**	43.3%	NA
Lead screening among 1 & 2 year old children (2013)	*25.6%**	22.6%	NA

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

[5] Agency for Healthcare Research and Quality, Prevention Quality Indicators Technical Specifications - Version 5.0, March 2015, available at: http://www.qualityindicators.ahrq.gov/Modules/PQI_TechSpec.aspx

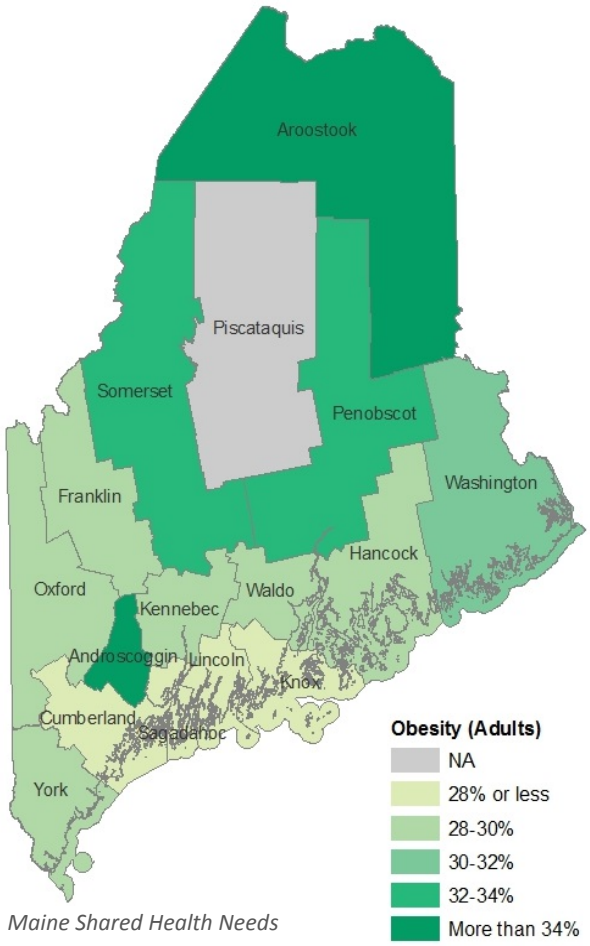
[6] Maine Center for Disease Control and Prevention. Healthy Maine 2020. Available from: http://www.maine.gov/dhhs/mecdc/healthy-maine/index.shtml

Physical Activity, Nutrition and Weight

Eating a healthy diet, being physically active, and maintaining a healthy weight are essential for an individual's overall health. These three factors can help lower the risk of developing numerous health conditions, including high cholesterol, high blood pressure, heart disease, stroke, diabetes, and cancer. They can also help prevent existing health conditions from worsening over time.

In 2013, 32.9% adults 18 years and older in Kennebec County were at a healthy weight (38.8% were overweight and 28.3% were obese). Overall in Maine, 35.2% of adults are at a healthy weight.

Percentage of Obese Adults by County



Maine Shared Health Needs Assessment, 2015

Table 5. Key Nutrition and Weight Health Indicators for Kennebec County

	Kennebec	Maine	US
Obesity (Adults) (2013)	28.3%	28.9%	29.4%
Obesity (High School Students) (2013)	14.3%	12.7%	13.7%
Fruit and vegetable consumption (High School Students) (2013)	16.7%	16.8%	NA
Fruit consumption among Adults 18+ (<1 serving per day) (2013)	36.1%	34.0%	39.2%
Soda/sports drink consumption (High School Students) (2013)	27.5%	26.2%	NA
Vegetable consumption among Adults 18+ (<1 serving per day) (2013)	20.3%	17.9%	22.9%

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

The 2008 *Physical Activity Guidelines for Americans* recommends that adults, age 18-64, get a minimum of 150 minutes of moderate-intensity physical activity a week and that children, age 6-17, get 60 or more minutes of physical activity each day.[7] Among adults in Kennebec County in 2013, 22.3% led a sedentary lifestyle, meaning they did not participate in any physical activity or exercise in the previous month.

Table 6. Key Physical Activity Indicators for Kennebec County

	Kennebec	Maine	US
Met physical activity recommendations (Adults) (2013)	57.1%	53.4%	50.8%
Met physical activity recommendations (High School Students) (2013)	44.4%	43.7%	47.3%
Sedentary lifestyle - no physical activity in past month (Adults) (2013)	22.3%	23.3%	25.3%

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Tobacco Use

Use of tobacco is the most preventable cause of disease, death, and disability in the United States. Despite this, over 480,000 deaths in the United States are attributable to tobacco use every year [8] (more than from alcohol use, illegal drug use, HIV, motor vehicle injuries, murders, and suicides combined). In addition, exposure to secondhand tobacco smoke has been causally linked to cancer, respiratory, and cardiovascular diseases in adults, and to adverse effects on the health of infants and children, such as respiratory and ear infections.[9] While the percentage of Maine adults who smoke cigarettes has declined significantly over time, one-fifth of the state's population still smokes cigarettes, including 17.9% of adults in Kennebec County.

Table 7. Key Tobacco Use Indicators for Kennebec County

	Kennebec	Maine	US
Current smoking (Adults) (2013)	17.9%	20.2%	17.8%
Current smoking (High School Students) (2013)	13.6%	12.9%	15.7%
Current tobacco use (includes smoking) (High School Students) (2013)	18.6%	18.2%	22.4%

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

[7] Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services, 2008, http://health.gov/Paguidelines/guidelines/

[8] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

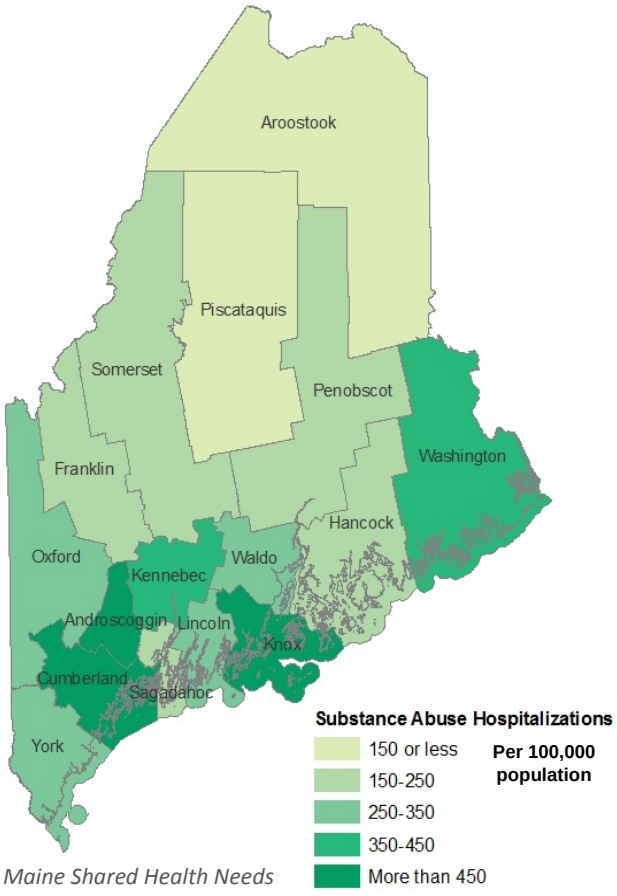
[9] U.S. Department of Health and Human Services. Healthy People 2020. Leading health indicators: tobacco overview and impact. Available from: http://www.healthypeople.gov/2020/LHI/tobacco.aspx

Alcohol and Substance Abuse

Substance abuse and dependence are preventable health risks that lead to increased medical costs, injuries, related diseases, cancer, and even death. Substance abuse also adversely impacts productivity and increase rates of crime and violence.[10] In Maine in 2010, approximately $300 million was spent on medical care where substance use was a factor.[11]

Of particular note is the recent increase in heroin and prescription opioid dependence and mortality, both nationally and in the state. From 2002–2013, heroin overdose death rates nearly quadrupled in the U.S., from 0.7 deaths to 2.7 deaths per 100,000 population. The rates nearly doubled from 2011–2013.[12] In addition, data from the National Survey on Drug Use and Health (NSDUH) indicate that heroin use, abuse, and dependence have increased in recent years.[11]

Substance Abuse Hospitalizations by County



Maine Shared Health Needs Assessment, 2015

[10] National Institute on Drug Abuse. Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide. Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse. NIH publication No. 11-5316, revised 2012. Available at www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations

[11] The Cost of Alcohol and Drug Abuse in Maine, 2010. Office of Substance Abuse and Mental Health Services, Department of Health and Human Services, 2013. Available at: http://www.maine.gov/dhhs/samhs/osa/pubs/data/2013/Cost2010-final%20Apr%2010%2013.pdf

[12] Jones CM, Logan J, Gladden M, Vital Signs: Demographic and Substance Use Trends Among Heroin Users — United States, 2002–2013, Morbidity and Mortality Weekly Report (MMWR), 2015. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm

Table 8. Key Substance Abuse Indicators for Kennebec County

	Kennebec	Maine	US
Alcohol-induced mortality (2013)	8.0	8.0	9.2
Chronic heavy drinking (Adults) (2013)	4.6%	7.2%	6.2%
Drug affected baby referrals received (2014)	8.3%	7.8%	NA
Drug-induced mortality (2013)	13.0	13.9	14.7
Emergency Medical Service Overdose Response (2014)	416	392	NA
Opiate poisoning (ED visits) (2011)	19.6	25.1	NA
Past 30 day alcohol use (High school students) (2013)	24.0%	26.0%	34.9%
Past 30 day marijuana use (High school students) (2013)	20.0%	21.6%	23.4%
Substance abuse hospital admissions (2012)	351	328	NA

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Chronic Disease

It is estimated that treatment for chronic diseases accounts for 86% of our nation's health care costs.[13] Chronic diseases include cancer, cardiovascular disease, diabetes, and respiratory diseases like asthma and COPD, among other conditions. They are long-lasting health conditions and are responsible for seven out of ten deaths each year. Many chronic diseases can be prevented or controlled by reducing risk factors such as tobacco use, physical inactivity, poor nutrition, and obesity.

While the age-adjusted all-cancer incidence and mortality rates in Maine decreased significantly over the past 10 years, cancer remains the leading cause of death among Maine people. Cancer was also the leading cause of death in Kennebec County in 2013.

The age-adjusted cancer rate in Kennebec County is 82.9 per 100,000 population.

Table 9. Key Cancer Indicators for Kennebec County

	Kennebec	Maine	US
Mortality - all cancers per 100,000 population (2011)	*199**	186	169
Colorectal screening (2012)	77.7%	72.2%	81.5%
Mammograms females age 50+ in past 2 years (2012)	82.9%	82.1%	77.0%
Incidence - all cancers per 100,000 population (2011)	494	500	458

[13] National Center for Chronic Disease Prevention and Health Promotion, http://www.cdc.gov/chronicdisease/

	Kennebec	Maine	US
Melanoma incidence per 100,000 population (2011)	*15.6**	22.2	22.9

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

More than one in three adults lives with some type of cardiovascular disease. Heart disease and stroke can cause serious illness and disability with associated decreased quality of life and high economic costs. Cardiovascular disease conditions are among the most preventable health problems through the modification of common risk factors. The age-adjusted coronary heart disease mortality rate in Kennebec County is 101 per 100,000 population.

Table 10. Key Cardiovascular Disease Indicators for Kennebec County

	Kennebec	Maine	US
Acute myocardial infarction hospitalizations per 10,000 population (2011)	*27.8**	23.5	NA
Acute myocardial infarction mortality (ages 45-64; 65+) per 100,000 population (2013)	36.1	32.2	36.9
Cholesterol checked every 5 years (2013)	82.2%	81.0%	76.4%
Coronary Heart Disease mortality per 100,000 population (2013)	*101**	90	103
High blood pressure prevalence (2013)	32.4%	32.8%	31.4%
Hypertension hospitalizations per 100,000 population (2011)	*18.4**	28.0	NA
Stroke mortality per 100,000 population (2013)	36.1	35.0	36.2

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Diabetes mellitus is a complex health condition that lowers life expectancy, increases the risk of heart disease, and is the leading cause of adult-onset blindness, lower limb amputations, and kidney failure. Lifestyle changes, effective self-management and treatment can delay or prevent diabetes and complications of diabetes.

Table 11. Key Diabetes Indicators for Kennebec County

	Kennebec	Maine	US
Diabetes prevalence (ever been told) (2013)	9.5%	9.6%	9.7%
Pre-diabetes prevalence (2013)	*4.9%**	7.4%	NA
Adults with diabetes who have received formal diabetes education (2013)	65.1%	60.0%	NA
Diabetes long-term complication hospitalizations per 100,000 population (2011)	*72.3**	59.1	NA
Diabetes mortality (underlying cause) per 100,000 population (2013)	*25.8**	20.8	23.9

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Asthma is the most common childhood chronic condition in the United States and the leading chronic cause of children being absent from school.

Table 12. Key Asthma and COPD Indicators for Kennebec County

	Kennebec	Maine	US
COPD diagnosed (2013)	6.4%	7.1%	6.5%
COPD hospitalizations per 100,000 population (2011)	*167**	216	NA
Current asthma (Adults) (2013)	12.6%	11.7%	7.0%
Current asthma (Youth 0-17) (2013)	10.7%	9.1%	8.3%

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Infectious Disease/Sexually Transmitted Disease

There are 71 infectious diseases and conditions reportable in Maine. Surveillance data assist in monitoring trends in disease and identifying immediate threats to public health. However, there are limitations in surveillance data, specifically pertaining to underreporting. Available data reflects a subset of the disease burden in Maine.

Advances in sanitation, personal hygiene, and immunizations have provided control over some diseases, but others continue to thrive despite best efforts. Lyme disease, if left untreated, can cause severe headaches, severe joint pain and swelling, inflammation of the brain, and short-term memory problems[14], has increased from 224 reported cases statewide in 2004 to 1,400 in 2014, a growth of more than 500% in a decade.

Table 13. Key Infectious Disease Indicators for Kennebec County

	Kennebec	Maine	US
Lyme disease per 100,000 population (2014)	114	105	10
Newly reported cases of past or present Hepatitis C Virus (HCV) infection per 100,000 population (2014)	39.6	107.1	NA
Newly Reported Chronic Hepatitis B Virus (HBV) infections per 100,000 population (2014)	3.3	8.1	NA

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

[14] Signs and Symptoms of Untreated Lyme Disease, Centers for Disease Control and Prevention (CDC), Available from: http://www.cdc.gov/lyme/signs_symptoms/

While the rates of sexual transmitted diseases like chlamydia, gonorrhea, and HIV are significantly lower in Maine than the U.S., it is an issue that disproportionately affects specific segments of the population, including young adults and men who have sex with men.

Table 14. Key Sexually Transmitted Disease Indicators for Kennebec County

	Kennebec	Maine	US
Chlamydia incidence per 100,000 population (2014)	296	265	447
Gonorrhea incidence per 100,000 population (2014)	19.0	17.8	106.1
HIV incidence per 100,000 population (2014)	3.3	4.4	15.0

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Immunization

Immunization has accounted for significant decreases in morbidity and mortality of infectious diseases and an overall increase in life expectancy. However, many infectious diseases that can be prevented via vaccination continue to cause significant burdens on the health of Maine residents. The U.S. CDC has recommendations for a number of vaccines for young children, adolescents, and older adults. Among its other recommendations, the U.S. CDC recommends yearly influenza vaccination for all ages over six months.

Table 15. Key Immunization Indicators for Kennebec County

	Kennebec	Maine	US
Adults immunized for annually for influenza (2013)	47.2%	44.1%	62.8%
Adults immunized for pneumococcal pneumonia (ages 65 and over) (2013)	74.0%	73.8%	69.5%
Immunization exemptions among kindergarteners for philosophical reasons	3.1%	3.7%	NA
Two-Year Olds Up-to-Date with Series of Seven Immunizations- 4-3-1-3-3-1-4	81.0%	75.0%	NA

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Pregnancy and Birth Outcomes

Addressing health risks during a woman's pregnancy can help prevent future health issues for women and their children. Increasing access to quality care both before pregnancy and between pregnancies can reduce the risk of pregnancy-related complications and maternal and infant mortality. Early identification and treatment of health issues among babies can help prevent disability or death.[15]

Table 16. Key Pregnancy and Birth Outcomes for Kennebec County

	Kennebec	Maine	US
Infant death per 1,000 births (2012)	5.7	6.0	6.0
Live birth, for which the mother received early & adequate prenatal care (2012)	*81.3%**	86.4%	73.7%
Low birth weight <2500 grams (2012)	6.9%	6.6%	8.0%
Teen birth rate (age 15-19) (2012)	23.7	20.5	26.5

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Injuries

Intentional or violence-related injury is an important public health problem that affects people of all ages. Violence prevention activities include changing societal norms regarding the acceptability of violence, improving conflict resolution and other problem-solving skills, and developing policies to address economic and social conditions that can lead to violence.

Suicide is the second leading cause of death among 15-34 year olds in Maine and the 10th leading cause of death among all ages combined. In Kennebec County, the rate of suicide deaths was 15 per 100,000, compared to 15.2 for the state.

Table 17. Key Injury Indicators for Kennebec County

	Kennebec	Maine	US
Domestic assaults reports to police per 100,000 population (2013)	478	413	NA
Firearm deaths per 100,000 population (2013)	9.0	9.2	10.6
Intentional self-injury (Youth) (2013)	NA	17.9%	NA
Nonfatal child maltreatment per 1,000 population (2013)	NA	15	9
Suicide deaths per 100,000 population (2013)	14.7	15.2	13.0
Violent crime rate per 100,000 population (2013)	146	125	368

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

[15] Healthy People 2020. Maternal, infant, and child health: overview. Available from: http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health

Unintentional injuries are a leading cause of death and disability. While many people think of unintentional injuries as a result of accidents, most are predictable and preventable. Unintentional injury was the leading cause of death among 1-44 year olds in Maine and the fifth leading cause of death among all ages combined in 2013. Motor vehicle crashes, unintentional poisonings, traumatic brain injuries, and falls, lead to millions of dollars in medical and lost work costs.

Table 18. Key Unintentional Injury Indicators for Kennebec County

	Kennebec	Maine	US
Emergency department visits due to falls among older adults per 10,000 population (2011)	*400**	361	608
Seatbelt use (Adults) (2013)	86.5%	85.2%	86.9%
Seatbelt use (Youth) (2013)	61.8%	61.6%	89.0%
Traumatic brain injury emergency department visits per 10,000 population (2011)	*100.0**	81.4	68.1
Unintentional poisoning deaths per 100,000 population (2013)	13.6	11.1	12.3

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

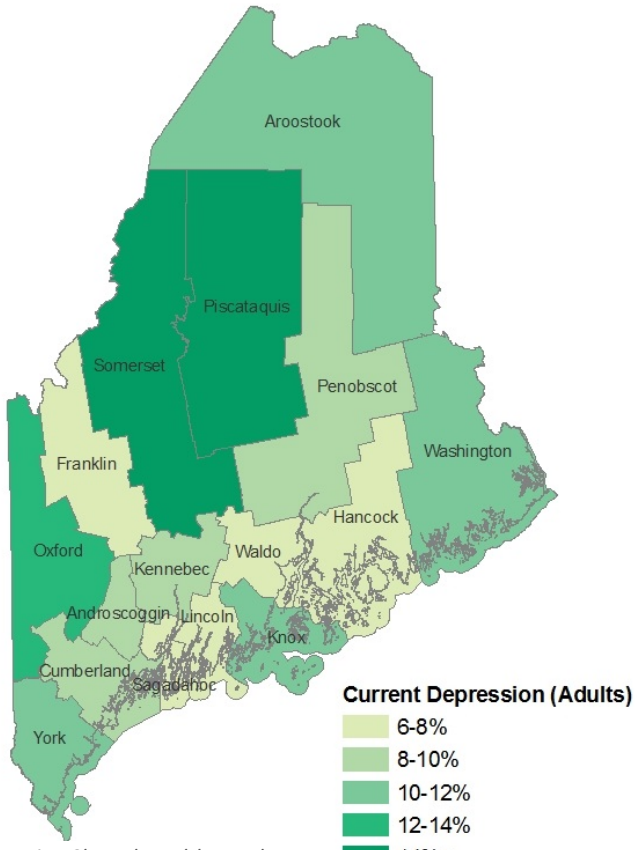
Mental Health

Mental health is a complex issue that can impact many facets of a person's daily life. In the U.S., about one in four adults and one in five children have diagnosable mental disorders, and they are the leading cause of disability among ages 15-44.[16]

Mental well-being can also affect a person's physical health in many ways, including chronic pain, a weakened immune system and increased risk for cardiovascular problems. In addition, mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors.[17]

Stigma, additional health issues, access to services, and complexities of treatment delivery also prevent many from receiving adequate treatment for their mental health issues.

Current Depression among Adults by County



Maine Shared Health Needs Assessment, 2015

Table 19. Key Mental Health Indicators for Kennebec County

	Kennebec	Maine	US
Adults who have ever had depression (2013)	22.9%	23.4%	18.7%
Adults with current symptoms of depression (2013)	9.0%	9.9%	NA
Receiving outpatient mental health treatment in past 12 months (2013)	16.7%	17.4%	NA
Sad/hopeless - 2 weeks in a row (High School Students) (2013)	24.5%	24.3%	29.9%
Seriously considered suicide (High School Students) (2013)	15.3%	14.6%	17.0%

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

[16] Guide to Community Preventive Services. Improving mental health and addressing mental illness. www.thecommunityguide.org/mentalhealth/index.html.
[17] US Department of Health and Human Services. Health People 2020: Mental Health and Mental Disorders. 2012 Available from: www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28.

Stakeholder Feedback

In the June of 2015, the Maine Shared CHNA research team conducted a survey among stakeholders to identify and prioritize significant health issues in communities across the state. The purpose of the survey was to include the voice and broad interests of local stakeholders about community health needs in their areas. The survey instrument was designed in collaboration with the Maine Shared CHNA Steering Committee and its work groups; it covered four domains of questions:

- Stakeholder demographic information
- Health issues with the greatest impact
- Determinants of health
- Health priorities and challenges

The survey was administered using a *snowball* approach where stakeholder agencies agreed to send the surveys to their members and stakeholders for participation. Statewide 1,639 people completed the survey, 220 of the total respondents indicated that they worked in Kennebec County or the Central Public Health District. Respondents represented health care agencies, public health agencies, law enforcement, municipalities, schools, businesses, social service agencies, and non-governmental organizations.

Top Health Issues

Kennebec County stakeholders ranked a set of 25 health issues on "how you feel they impact overall health of residents" on a five point scale, where 1 is "not at all a problem" and 5 is "critical problem". The top five issues of concern reported for the county were:

- **Obesity**
- **Drug and alcohol abuse**
- **Mental health**
- **Depression**
- **Physical activity and nutrition**

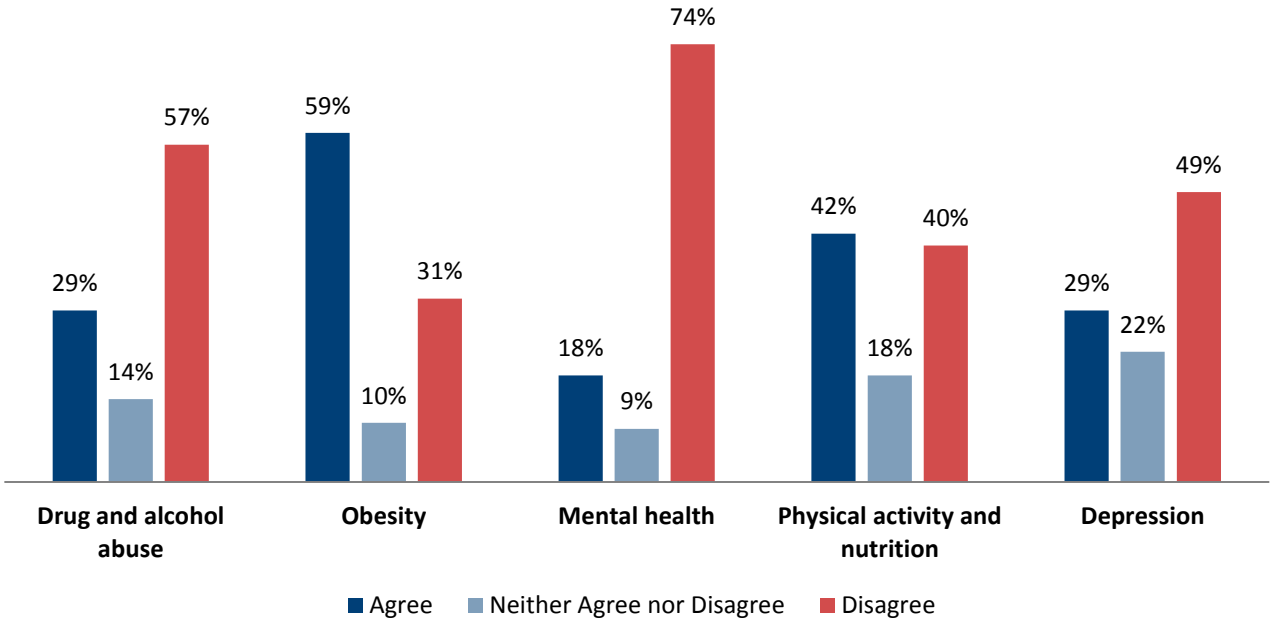
How much of a problem is __ in Kennebec County?(Responses were provided on a 5 point scale where 1-Not at all a problem, 2-Minor problem, 3-Moderate problem, 4-Major problem, 5-Critical problem (This table includes % reporting 4-Major or 5-Critical problem)*n=220

Health Issue	Kennebec	Maine
Family Health		
Elder health	63%	55%
Childhood obesity	61%	58%
Child developmental issues	31%	34%
Adolescent health	29%	25%
Maternal and child health	17%	23%
Infant mortality	8%	4%
Chronic Diseases		
Obesity	80%	78%
Depression	72%	67%
Diabetes	64%	63%
Cardiovascular disease	63%	63%
Respiratory disease	59%	60%
Cancer	48%	50%
Neurological diseases	37%	35%
Musculoskeletal diseases	28%	28%
Infectious Diseases		
Infectious diseases	21%	22%
Sexually transmitted diseases/HIV/AIDS	13%	13%
Health Risk Behaviors		
Drug and alcohol abuse	80%	80%
Physical activity and nutrition	71%	69%
Tobacco use	64%	63%
Other Health Issues		
Mental health	76%	71%
Oral health	54%	53%
Violence	44%	38%
Suicide and self-harm	40%	37%
Unintentional injury	33%	34%
Lead poisoning and other environmental health issues	13%	17%

**Among stakeholders working or representing constituents in the county.*

To understand the capacity available in the county to address each of the health issues, respondents were asked additional probing statements about the three issues they knew the most about. "The health system (including public health) in Kennebec County has the ability to significantly improve these health issues." Stakeholder responses on the probing question for the top five health issues appear in Figure 3.

Figure 3. The health system (including public health) in Kennebec County has the ability to significantly improve these health issues?



Stakeholders were also asked to share their thoughts on the populations experiencing health disparities for the health issues that they selected. Results for the top five health issues in Kennebec County are presented in Table 20.

Table 20. Stakeholder Perceptions of Health Disparities among Subpopulations for the Top Five Health Issues in Kennebec County*

Health Disparities	Drug and alcohol abuse	Obesity	Mental health	Physical activity and nutrition	Depression
Low- income, including those below the federal poverty limit	85%	87%	79%	90%	76%
Medically-underserved - including uninsured and under-insured	63%	70%	74%	59%	68%
Less than a high school education and/ or low literacy	67%	61%	56%	65%	52%
Very rural and/or geographically isolated people	49%	44%	56%	58%	53%
People with disabilities - physical, mental, or intellectual	41%	47%	63%	56%	61%
Limited or no English proficiency	14%	12%	21%	17%	20%
Military veterans	34%	4%	43%	4%	43%
Gay, lesbian, bisexual or transgendered people	30%	4%	36%	2%	34%
Women	17%	15%	20%	11%	22%
Members of any Federally-recognized Tribe	21%	12%	19%	13%	17%
Refugees/immigrants	8%	4%	20%	6%	18%
Specific age group	12%	10%	12%	9%	10%
Racial/ethnic minority populations	9%	4%	11%	6%	10%
Deaf and hard of hearing people	3%	3%	11%	4%	9%
Adolescents/Teens (13-17)	8%	3%	6%	2%	6%
Seniors/Elderly (65+)	-	3%	3%	5%	4%
Youth/Children (0-12)	-	4%	4%	4%	2%
Adults (21-64)	3%	1%		1%	-
Young adults (18-21)	7%	1%	2%	-	1%
All ages	-	-	-	-	1%
Other	12%	6%	12%	5%	11%

** Percentage of stakeholders who agreed that significant disparities exist among this group for a specific health condition.*

Stakeholder input also pointed out that there are key social or environmental drivers in Maine that lead to these health issues.

Table 21. Stakeholder Perceptions of Key Drivers of Top Health Issues in Kennebec County

Key Drivers	Drug and alcohol abuse	Obesity	Mental health	Physical activity and nutrition	Depression
Poverty/low income/low socio-economic status	30%	40%	27%	37%	37%
Lack of education	11%	31%	15%	22%	12%
Lack of access to healthy foods	-	28%	1%	29%	-
Bad eating habits	-	26%	1%	13%	1%
Lack of access to physical activity opportunities	-	25%	-	47%	1%
Lack of access to behavioral care/mental health care	3%	-	44%	-	34%
Isolated and rural areas	11%	9%	14%	16%	26%
Inadequate health literacy	8%	9%		9%	1%
Cultural or social norms/acceptance/role modeling	22%	9%	4%	8%	7%
Lack of transportation	6%	8%	11%	12%	18%
Lack of access to treatment	33%	2%	2%	6%	1%
Lack of employment opportunities	17%	2%	6%	1%	6%
Social attitudes such as discrimination, stigma, etc.	14%	2%	34%	-	29%
Lack of health care insurance	5%	2%	10%	1%	9%
Adverse childhood experiences	3%	2%	5%	1%	4%
Substance use/addiction	2%	2%	5%	2%	9%
Lack of access to primary care	-	2%	3%	1%	1%
Personal responsibility	4%	8%	3%	6%	1%
Apathy/depression/hopelessness	11%	5%	2%	6%	5%
Food insecurity	-	4%	1%	1%	1%
Co-morbidity-physical or behavioral	-	3%	4%	1%	3%
Lack of exercise	-	3%	-	1%	-
Lack of social support and interactions-positive	14%	2%	1%	4%	7%
Mental illness	2%	2%	2%	1%	3%
Lack of civic participation	-	2%	1%	-	1%
Abuse/trauma	3%	1%	3%	-	4%
Lack of funding-programs/low reimbursement to providers	2%	1%	8%	3%	5%

** Percentage of stakeholders who identified certain factors as key drivers that lead to a specific health condition.*

The next section of this report has a list of the community resources and assets that are available in the area to address these health issues, along with a summary of the additional resources that are needed. See **Table 23. Priority Health Issues** in the following section of this report.

Top Health Factors

Health factors are those conditions, such as health behaviors, socio-economic status, or physical environment features which can affect the health of individuals and communities. Stakeholders prioritized 26 health factors in five categories that can play a significant role in the incidence and prevalence of health problems in their local communities.

Stakeholders responded to the following question: "For the factors listed below, please indicate how much of a problem each is in your area and leads to poor health outcomes for residents." They responded using a scale of 1 to 5, where 1 means "not a problem at all", and 5 means "critical problem." Respondents selected the following five factors as greatest problems that lead to poor health outcomes in Kennebec County:

- **Poverty**
- **Access to behavioral care/mental health care**
- **Health care insurance**
- **Transportation**
- **Health literacy**

As with health issues, stakeholders were asked further probing questions on the three factors that they believe have the greatest impact on the health of their county.

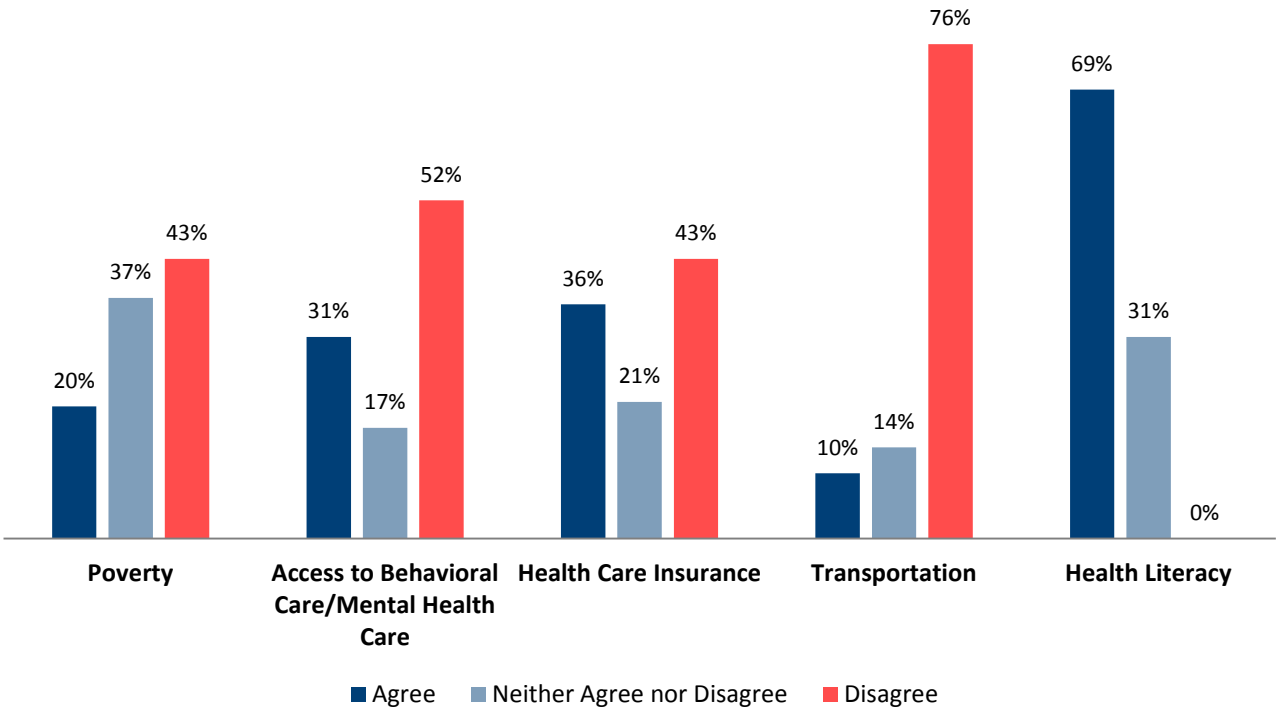
To understand the capacity available in the county to address the most significant health factors identified by stakeholders, respondents were asked additional probing statements about the issues they knew the most about. "The health system (including public health) in Kennebec County has the ability to significantly improve these health factors with the current investment of time and resources." Stakeholder responses on the probing question for the top five health issues appear in Figure 4.

How much of a problem is __ in Kennebec County?(Responses on a 5 point scale where 1-Not a problem at all, 2-Minor problem, 3-Moderate problem, 4-Major problem, 5-Critical problem (This table includes % reporting 4-Major or 5-Critical problem)*n=220

HEALTH FACTORS	Kennebec County	Maine
Economic Stability		
Poverty	75%	78%
Employment	59%	64%
Housing stability	55%	57%
Food security	52%	58%
Education		
Early childhood education/development	42%	43%
Enrollment in higher education	34%	35%
High school graduation	32%	31%
Language and literacy	27%	34%
Social and Community Context		
Adverse childhood experiences	56%	56%
Social support and interactions	52%	50%
Caregiver support	51%	46%
Incarceration or Institutionalization	39%	35%
Civic participation	30%	30%
Social attitudes (such as discrimination)	30%	38%
Health and Health Care		
Access to behavioral care/mental health care	68%	67%
Health care insurance	65%	64%
Health literacy	60%	62%
Access to oral health	56%	56%
Access to primary care	40%	39%
Access to other health care	36%	41%
Neighborhood and Built Environment		
Transportation	61%	67%
Access to healthy foods	49%	53%
Quality of housing	40%	34%
Access to physical activity opportunities	39%	42%
Crime and violence	28%	27%
Environmental conditions	10%	12%

**Among stakeholders working or representing constituents in the county.*

Figure 4. The health system in Kennebec County (including public health) has the ability to significantly improve these health factors with the current investment of time and resources.



The next section of this report has a list of the community resources and assets that are available in the area to address these health factors, along with a summary of the additional resources that are needed. See **Table 25. Priority Health Factors** in the next section.

Kennebec County Priority Health Issues & Factors

Table 22 presents a summary of the health issues and challenges faced by residents of Kennebec County. Data come from a comprehensive analysis of available surveillance data (see Table 26 for a full list of the health indicators and factors included in this project). Two criteria were used to select the issues and challenges in this table: statistically significant and relative differences between the county, state, and U.S. Statistically significant differences, at the 95% confidence level, are noted with an asterisk (*) after the indicator. A rate ratio was calculated to compare the county, state, and U.S. indicators where the county was 10% or more above or below the state and U.S. figures were included in this table.

Table 22. Priority Health Issue Challenges and Resources for Kennebec County-Surveillance Data

Health Issues - Surveillance Data	
Health Successes	**Health Challenges**

• Kennebec has a lower hypertension hospitalization rate [KEN=18; ME=28]* and COPD hospitalization rate [KEN=167; ME=216]* per 100,000 population than the state average.
• Lower pre-diabetes prevalence [KEN=4.9%; ME=7.4%]*
• Kennebec fares better than the state on a number of alcohol use indicators, including:
  • Lower rates of binge drinking of alcoholic beverages among adults [KEN=13.7%; ME=17.2%] and high school students [KEN=14.3%; US=20.8%]
  • Lower chronic heavy drinking (Adults) [KEN=4.6%; ME=7.2%]
  • Lower past 30 day alcohol use (High school students) [KEN=24.0%; US=34.9%]
• In addition, Kennebec has lower reported past 30 day nonmedical use of prescription drugs among high school students [KEN=4.5%; ME=5.6%]
• Low opiate poisoning (ED visits) [KEN=20; ME=25]
• Lower incidence of some infectious diseases.
  • Low newly reported cases of past or present Hepatitis C Virus (HCV) infection per 100,000 population [KEN=40; ME=107]
  • Low pertussis incidence per 100,000 population [KEN=14; ME=42]
	• Kennebec County has a high overall mortality rate per 100,000 population compared to the state [KEN=805; ME=746]*
	  • This includes higher Coronary Heart Disease mortality [KEN=101; ME=90]* and unintentional poisoning deaths [KEN=14; ME=11] per 100,000 population.
	• More traumatic brain injury emergency department visits [KEN=100; ME=81]* and emergency department visits due to falls among older adults [KEN=400; ME=361]* per 10,000 population.
	• Lower live birth, for which the mother received early & adequate prenatal care [KEN=81.3%; ME=86.4%]* and slightly higher teen birth rate (age 15-19) [KEN=24; ME=21]
	• Kennebec has higher rates of some crime and violence outcomes than the state average. This includes a higher violent crime rate [KEN=146; ME=125], more domestic assaults reports to police [KEN=478; ME=413] and more reported rapes [KEN=52; ME=27] per 100,000 population.
	• While Kennebec is comparable to the state in the percentage of adults with high cholesterol, it is still much higher than the U.S. average [KEN=40.0%; US=31.7%].
	• More adults with current asthma compared to the U.S. [KEN=12.6%; US=7.0%] and more children age 0-17 with asthma than the state [KEN=10.7%; ME=9.1%].
	• Higher mortality rate for all cancers per 100,000 population [KEN=199; ME=186]*
	  • In addition, higher incidence for bladder cancer [KEN=25; US=20] and lung cancer [KEN=79; US=56] per 100,000 population; and higher prostate cancer mortality per 100,000 population [KEN=27; ME=22].
	• Kennebec has both higher diabetes long-term complication hospitalizations than the state [KEN=72; ME=59]* and higher rates of diabetes mortality (underlying cause) [KEN=26; ME=21]* per 100,000 population.

Asterisk (*) indicates a statistically significant difference between Kennebec County and Maine

Table 23 summarizes the results of the health issues questions in the stakeholder survey for Kennebec County. It includes a summary of the biggest health challenges from the perspective of stakeholders who work in and represent communities in the county. A description of the assets and resources available and those that are needed to address the biggest health challenges is also included.

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

Stakeholder Input - Stakeholder Survey Responses[18]	
Community Challenges*	**Community Resources**
Biggest health issues in Kennebec County according to stakeholders *(% of those rating issue as a major or critical problem in their area*). • Drug and alcohol abuse (80%) • Obesity (80%) • Mental health (76%) • Depression (72%) • Physical activity and nutrition (71%)	**Assets Needed to Address Challenges:** • **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 therapeutic programs • **Obesity/ Physical activity and nutrition:** Greater access to affordable and healthy food; more programs that support low income families • **Mental Health/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 **Assets Available in County/State:** • **Drug and alcohol abuse:** Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services • **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 • **Mental Health/Depression:** Mental health/counseling providers and programs

** Percentage of stakeholders living or working in county who rated issue as a major or critical problem in their area.*

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

Table 24 presents a summary of the major health factors and challenges that impact the health of Kennebec County residents. Data come from a comprehensive analysis of available surveillance data (see Table 26 for a full list of the health indicators and factors included in this project). Two criteria were used to select the factors and challenges presented in this table. Statistically significant differences (at 95% confidence) between the county and state are noted with an asterisk (*) after the indicator. In addition, a rate ratio was calculated comparing the county results to the state and U.S. (where available). Indicators where the county was 10% or more above or below the state and U.S. figures were noted for inclusion in this table.

Table 24. Priority Health Factor Challenges and Resources for Kennebec County-Surveillance Data

Health Factors – Surveillance Data	
Health Factor Strengths	**Health Factor Challenges**

• Low % uninsured [KEN=9.6%; ME=11.2%]* and fewer individuals who are unable to obtain or delay obtaining necessary medical care due to cost [KEN=8.4%; ME=10.1%]
• Among adults with diabetes, Kennebec County is well above U.S. averages for the percentage who have eye exams annually [KEN=74.5%; US=53.4%]
• Kennebec County is better than the state average in terms of:
  • More homes with private wells tested for arsenic [KEN=56.5%; ME=43.3%]*
  • More lead screening among 1 & 2 year old children [KEN=25.6%; ME=22.6%]*
• Low Ambulatory Care-Sensitive Condition hospital admission rate [KEN=1,371; ME=1,446]
	• More single parent families [KEN=37%; ME=29%]

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

Table 25 summarizes the results of the health factor questions in the stakeholder survey for Kennebec County. It includes a summary of the health factors that cause the biggest challenges from the perspective of stakeholders who work in and represent communities in the county. A description of the assets and resources available and those that are needed at the county and state level to address these health factors is also included.

Table 25. Priority Health Issue Challenges and Resources for Kennebec County-Stakeholder Responses

Stakeholder Input- Stakeholder Survey Responses [19]	
Community Challenges*	**Community Resources**
Biggest health factors leading to poor health outcomes in Kennebec County according to stakeholders *(% of those rating factor as a major or critical problem in their area*). • Poverty (75%) • Access to behavioral care/mental health care (68%) • Health care insurance (65%) • Transportation (61%) • Health literacy (60%)	**Assets Needed to Address Challenges:** • **Poverty:** Greater economic development; increased mentoring services; more skills trainings; more employment opportunities at livable wages; better transportation; better education • **Access to Behavioral Care/Mental Health Care:** Better access to behavioral/mental health care for the uninsured; full behavioral/mental health integration at hospital and primary care levels; expand behavioral/mental health agencies to more rural areas; more hospital beds for mentally ill patients • **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 **Assets Available in County/State:** • **Poverty:** General Assistance; other federal, state and local programs • **Access to Behavioral Care/Mental Health Care:** Behavioral/mental health agencies • **Health Care Insurance:** MaineCare; free care • **Health Literacy:** Hospital systems; primary care providers; social service agencies.

** Percentage of stakeholders in county who rated factor as a major or critical problem in their area.*

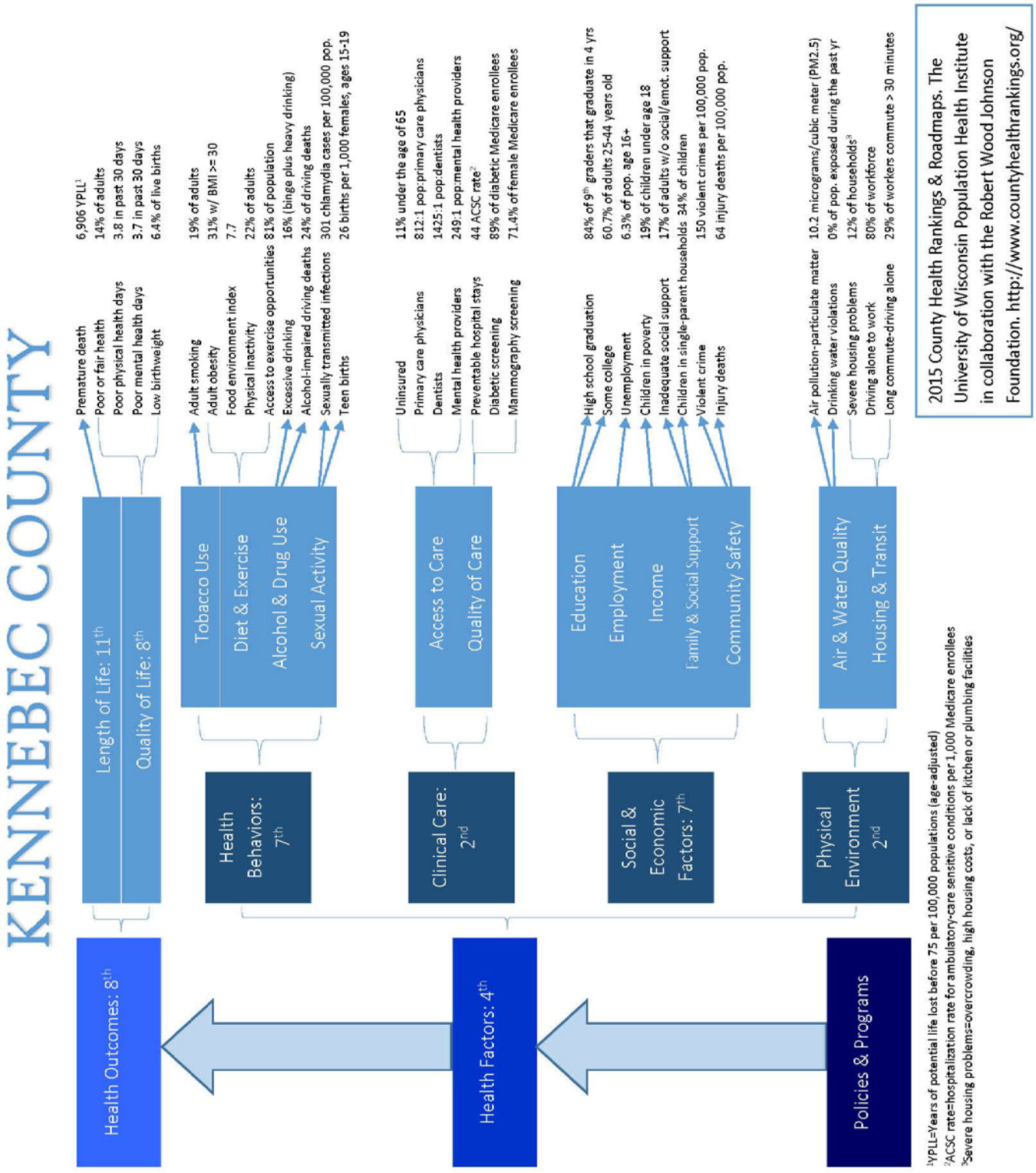
[19] Results are from the Maine Shared Community Health Needs Assessment Stakeholder Survey, conducted in May-June, 2015.

County Health Rankings & Roadmaps

Each year, the University of Wisconsin Health Institute and Robert Wood Johnson Foundation produce *The County Health Rankings & Roadmaps* for every county in the U.S. The annual reports measure the social, economic, environmental, and behavioral factors that influence health. These factors are quantified using indicators such as high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births, to name a few. The Rankings weight and score the sets of indicators to provide county comparisons within each state. For more information: www.countyhealthrankings.org

For this analysis, the 2015 Rankings data for each of Maine's 16 counties is displayed in the graphic used by the University of Wisconsin to show how all of the factors ultimately impact community health. The comparison across counties provides insight into county health status. In Maine, the county ranked as "#1" on a particular health issue, is the healthiest in that measure, "#16" is the least healthy. The data for the underlying health measures are those used by the University of Wisconsin in its 2015 report and may not always match the data shown in other sections of this report due to timing or use of different indicators.

In interpreting the Rankings for each county, it is important to keep in mind the underlying health measures. Because of the forced ranking, one county is always the "healthiest" and one is always the "least healthy." The comparisons are helpful in understanding differences, but it is important to look past the assignment of rank to understand the underlying issues and opportunities and their relative importance in the region.


KENNEBEC COUNTY
Health Outcomes: 8th
Length of Life: 11th
Quality of Life: 8th
Premature death 6,906 YPLL1
Poor or fair health 14% of adults
Poor physical health days 3.8 in past 30 days
Poor mental health days 3.7 in past 30 days
Low birthweight 6.4% of live births
Health Factors: 4th
Health Behaviors: 7th
Tobacco Use
Diet & Exercise
Alcohol & Drug Use
Sexual Activity
Adult smoking 19% of adults
Adult obesity 31% w/ BMI >= 30
Food environment index 7.7
Physical inactivity 22% of adults
Access to exercise opportunities 81% of population
Excessive drinking 16% (binge plus heavy drinking)
Alcohol-impaired driving deaths 24% of driving deaths
Sexually transmitted infections 301 chlamydia cases per 100,000 pop.
Teen births 26 births per 1,000 females, ages 15-19
Clinical Care: 2nd
Access to Care
Quality of Care
Uninsured 11% under the age of 65
Primary care physicians 812:1 pop:primary care physicians
Dentists 1425:1 pop:dentists
Mental health providers 249:1 pop:mental health providers
Preventable hospital stays 44 ACSC rate2
Diabetic screening 89% of diabetic Medicare enrollees
Mammography screening 71.4% of female Medicare enrollees
Social & Economic Factors: 7th
Education
Employment
Income
Family & Social Support
Community Safety
High school graduation 84% of 9th graders that graduate in 4 yrs
Some college 60.7% of adults 25-44 years old
Unemployment 6.3% of pop. age 16+
Children in poverty 19% of children under age 18
Inadequate social support 17% of adults w/o social/emot. support
Children in single-parent households 34% of children
Violent crime 150 violent crimes per 100,000 pop.
Injury deaths 64 injury deaths per 100,000 pop.
Physical Environment 2nd
Air & Water Quality
Housing & Transit
Air pollution-particulate matter 10.2 micrograms/cubic meter (PM2.5)
Drinking water violations 0% of pop. exposed during the past yr
Severe housing problems 12% of households3
Driving alone to work 80% of workforce
Long commute-driving alone 29% of workers commute > 30 minutes
Policies & Programs
1YPLL=Years of potential life lost before 75 per 100,000 populations (age-adjusted)
2ACSC rate=hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
3Severe housing problems=overcrowding, high housing costs, or lack of kitchen or plumbing facilities
2015 County Health Rankings & Roadmaps. The University of Wisconsin Population Health Institute in collaboration with the Robert Wood Johnson Foundation. http://www.countyhealthrankings.org/

Stakeholder Survey Findings

Table 26. Stakeholder Survey Results for Kennebec County and Maine

Detailed Findings from SHNAPP Stakeholder Survey, June 2015		
Survey Questions and Top Responses		
	Kennebec County	Maine
Demographics		
Which of the following sectors best describes your role or organization? (12 choices, picked 1)		
	n=220	n=1639
Medical care provider	34%	22%
Other non-profit or social service agency	12%	14%
Other	9%	13%
Public health	12%	11%
Business owner or employee	10%	9%
Educator	5%	8%
Other type of health care organization	10%	8%
Behavioral/mental health provider	4%	6%
Local government	1%	4%
Other governmental agency	<1%	3%
Youth-serving organization	2%	2%
Faith-based organization	<1%	1%
Do you work for or represent: (5 choices, picked 1)		
None of the above	30%	49%
Hospital/Health-care system	61%	38%
Local public health agency	7%	10%
Maine CDC	1%	3%
Tribal health	<1%	<1%
Please identify the type of geographical area that you primarily serve? (6 choices, picked 1)		
Town or region	20%	27%
Hospital/Health service area	49%	26%
Statewide	7%	22%
County	10%	18%
Other area	6%	4%
Public health district	8%	3%
Does your organization work with specific groups of people or populations recognized as being at risk of, or experiencing, higher rates of health risk or poorer health outcomes than the general population within your area?		
Yes	24%	24%
Somewhat	60%	47%
No	16%	29%

Detailed Findings from SHNAPP Stakeholder Survey, June 2015		
Survey Questions and Top Responses		
	Kennebec County	Maine
If "Yes" or "Somewhat" to Q4: To which of the following populations does your organization directly provide resources to address their needs? (select all that apply)		
	n=184	n=1159
Don't know	8%	5%
Low-income, including those below the federal poverty limit, or defined as low-income by some other definition	79%	77%
Medically-underserved - including uninsured and under-insured	66%	63%
People with disabilities - physical, mental, or intellectual	62%	58%
Very rural and/or geographically isolated people	41%	47%
Less than a high school education and/ or low literacy (low reading or math skills)	51%	47%
Women	45%	44%
Limited or no English proficiency	36%	38%
Gay, lesbian, bisexual or transgendered people	33%	36%
Deaf and hard of hearing people	42%	35%
Military veterans	38%	34%
Refugees/immigrants	20%	28%
Racial/ethnic minority populations	21%	27%
Members of any federally recognized tribe	23%	25%
Specific age group	20%	21%
Other	14%	15%
Overall, to what degree to you feel the health needs of your area are being addressed?		
	n=220	n=1639
Not addressed at all	<1%	<1%
Mostly unaddressed	6%	10%
Somewhat addressed	51%	55%
Mostly addressed	37%	30%
Completely addressed	2%	2%
Don't know	3%	2%
Health Issues and Factors		
Please rate the following health issues based on how you feel they impact the overall health of residents in your area. (*Percentage of stakeholders in county who rated issue as a major or critical problem in their area*)		
	n=220	n=1639
Family Health		
Adolescent health	29%	25%
Child developmental issues	31%	34%
Childhood obesity	61%	58%
Elder health	63%	55%
Infant mortality	8%	4%
Maternal and child health	17%	23%
Chronic Diseases		

Detailed Findings from SHNAPP Stakeholder Survey, June 2015		
Survey Questions and Top Responses		
	Kennebec County	Maine
Cancer	48%	50%
Cardiovascular disease	63%	63%
Depression	72%	67%
Diabetes	64%	63%
Musculoskeletal diseases	28%	28%
Neurological diseases	37%	35%
Obesity	80%	78%
Respiratory disease	59%	60%
Infectious Diseases		
Infectious diseases	21%	22%
Sexually transmitted diseases/HIV/AIDS	13%	13%
Health Behaviors		
Drug and alcohol abuse	80%	80%
Physical activity and nutrition	71%	69%
Tobacco use	64%	63%
Other Health Issues		
Lead poisoning and other environmental health issues	13%	17%
Mental health	76%	71%
Oral health	54%	53%
Suicide and self-harm	40%	37%
Unintentional injury	33%	34%
Violence	44%	38%
* "Don't know" responses not included		
Please indicate how much of a problem each is in area and leads to poor health outcomes for residents. *(*Percentage of stakeholders in county who rated factor as a major or critical problem in their area)*		
	n=220	n=1639
Economic Stability		
Employment	59%	64%
Food security	52%	58%
Housing stability	55%	57%
Poverty	75%	78%
Education		
Enrollment in higher education	34%	35%
Early childhood education/development	42%	43%
High school graduation	32%	31%
Language and literacy	27%	34%
Social and Community Context		
Adverse childhood experiences	56%	56%
Civic participation	30%	30%
Incarceration or institutionalization	39%	35%

Detailed Findings from SHNAPP Stakeholder Survey, June 2015		
Survey Questions and Top Responses		
	Kennebec County	Maine
Social attitudes such as discrimination	30%	38%
Social support and interactions	52%	50%
Caregiver support	51%	46%
Health and Health Care		
Access to behavioral care/mental health care	68%	67%
Access to primary care	40%	39%
Access to other health care	36%	41%
Access to oral health	56%	56%
Health care insurance	65%	64%
Health literacy	60%	62%
Neighborhood and Built Environment		
Access to healthy foods	49%	53%
Access to physical activity opportunities	39%	42%
Crime and violence	28%	27%
Environmental conditions	10%	12%
Quality of housing	40%	34%
Transportation	61%	67%
* "Don't know" responses not included		
Please rank each health issue according to how you think resources in your area should be allocated. (1=highest priority and 8=lowest priority) *(mean)*		
	n=164	n=1168
Risk factors that lead to poor health	3.10	3.08
Mental health - conditions that impact how people think, feel and act as they cope with life	3.27	3.49
Substance abuse behaviors, including excessive drinking, smoking, and other drug use	3.68	3.71
Community capacity - ability to sustain a high quality of life, including access to employment, education and housing	3.84	3.93
Chronic diseases, such as heart disease, cancer, diabetes, and asthma	3.92	4.05
Family health, including teen pregnancy, prenatal care, and healthy behaviors during pregnancy	4.90	4.81
Environmental issues - access to healthy foods, access to recreation, clean air, water, lead exposure, etc.	5.50	5.36
Injuries, intentional and unintentional	6.55	6.52

Health Indicators Results from Secondary Data Sources

The county level summary of health indicators analyzed from secondary data sources is presented in the table below. Results are displayed for the county, state, and U.S. (where available). Results are organized by health issue or category. A summary of the data sources and year for each indicator is presented in Table 28.

Statistically significant difference (at the 95% confidence level) between the county and the state are highlighted in orange and italicized.

Table 27. Quantitative Health Indicators for Kennebec County, Maine, and the U.S.

Maine Shared Community Health Needs Assessment County Summary: 2015	Kennebec County Updated: August 2015		
Maine Shared CHNA Health Indicators	**Kennebec**	**Maine**	**US**
Demographics			
Total Population	121,164	1,328,302	319 Mil
Population - % Ages 0-17	19.9%	19.7%	23.3%
Population - % Ages 18-64	63.0%	62.6%	76.6%
Population - % Ages 65+	17.1%	17.7%	14.1%
Population - % White	96.4%	95.2%	77.7%
Population - % Black or African American	0.6%	1.4%	13.2%
Population - % American Indian and Alaska Native	0.5%	0.7%	1.2%
Population - % Asian	0.8%	1.1%	5.3%
Population - % Hispanic	1.4%	1.4%	17.1%
Population - % with a disability	17.6%	16.3%	12.1%
Population density (per sq. mile)	140.8	43.1	87.4
Socio-Economic Status Measures			
Unemployment rate	5.4%	5.7%	6.2%
Adults living in poverty	13.4%	13.6%	13.4%
Children living in poverty	17.7%	18.5%	21.6%
Percentage of people living in rural areas	100.0%	66.4%	NA
Median household income	$46,808	$46,974	$53,046
High school graduation rate	85.5%	86.5%	81.0%
Single parent families	36.7%	29.1%	33.2%
65+ living alone	42.7%	40.1%	37.7%
General Health Status			
Adults who rate their health fair to poor	14.0%	14.9%	16.7%
Adults with 14+ days lost due to poor mental health	10.8%	11.9%	NA
Adults with 14+ days lost due to poor physical health	12.9%	12.8%	NA
Adults with 3 or more chronic conditions	28.3%	27.9%	NA
Mortality			
Life expectancy (Female)	80.9	81.5	81.2
Life expectancy (Male)	75.6	76.7	76.4
Overall mortality rate per 100,000 population	*805.1*	746	822

Statistically significant difference (at the 95% confidence level) between the county and the state are highlighted in orange and italicized.

Maine Shared Community Health Needs Assessment County Summary: 2015	Kennebec County Updated: August 2015		
Maine Shared CHNA Health Indicators	**Kennebec**	**Maine**	**US**
Access			
Adults with a usual primary care provider	87.8%	87.4%	76.6%
Individuals who are unable to obtain or delay obtaining necessary medical care due to cost	8.4%	10.1%	15.3%
MaineCare enrollment	29.0%	27.0%	23.0%
Percent of children ages 0-19 enrolled in MaineCare	44.8%	41.8%	48.0%
Percent uninsured	*9.6%*	11.2%	14.9%
Oral Health			
Adults with visits to a dentist (also ages 18-34) in the past 12 months	67.4%	65.3%	67.2%
MaineCare members under 18 with a visit to the dentist in the past year	54.4%	55.1%	NA
Pregnancy and Birth Outcomes			
Infant death per 1,000 births	5.69	6.0	6.0
Live birth, for which the mother received early & adequate prenatal care	*81.3%*	86.4%	73.7%
Low birth weight <2500 grams	6.9%	6.6%	8.0%
Percent of children with special health needs	NA	23.6%	15.1%
Teen birth rate (age 15-19)	23.7	20.5	26.5
Intentional Injury			
Domestic assaults reports to police per 100,000 population	478.3	413.0	NA
Firearm deaths per 100,000 population	9.0	9.2	10.6
Intentional self-injury (Youth)	NA	17.9%	NA
Lifetime rape/non-consensual sex (among females)	NA	11.3%	NA
Nonfatal child maltreatment per 1,000 population	NA	14.6	9.1
Reported rape per 100,000 population	52.0	27.0	25.2
Suicide deaths per 100,000 population	14.7	15.2	13.0
Violence by current or former intimate partners in past 12 months (among females)	NA	0.8%	NA
Violent crime rate per 100,000 population	146	125	368
Unintentional Injury			
Emergency department visits due to falls among older adults per 10,000 population	*400.1*	361	608
Fall-related deaths per 100,000 population	6.3	6.8	8.5
Motor vehicle crash related deaths per 100,000 population	12.0	10.8	10.7
Seatbelt use (Adults)	86.5%	85.2%	86.9%
Seatbelt use (Youth)	61.8%	61.6%	54.7%
Traumatic brain injury emergency department visits per 10,000 population	*100.0*	81.4	68.1
Unintentional poisoning deaths per 100,000 population	13.6	11.1	12.3
Cardiovascular Disease			
Acute myocardial infarction hospitalizations per 10,000 population	*27.8*	23.5	NA
Acute myocardial infarction mortality (ages 45-64; 65+) per 100,000 population	36.1	32.2	36.9
Cholesterol checked every 5 years	82.2%	81.0%	76.4%
Coronary heart disease mortality per 100,000 population	*100.7*	89.8	102.6
Heart failure hospitalizations per 10,000 population	20.3	21.9	NA

Statistically significant difference (at the 95% confidence level) between the county and the state are highlighted in orange and italicized.

Maine Shared Community Health Needs Assessment County Summary: 2015	Kennebec County Updated: August 2015		
Maine Shared CHNA Health Indicators	**Kennebec**	**Maine**	**US**
High blood pressure prevalence	32.4%	32.8%	31.4%
High cholesterol	40.0%	40.3%	31.7%
Hypertension hospitalizations per 100,000 population	*18.4*	28.0	NA
Stroke hospitalizations per 10,000 population	22.4	20.8	NA
Stroke mortality per 100,000 population	36.1	35.0	36.2
Respiratory			
Asthma emergency department visits per 10,000 population	67.6	67.3	57.7
COPD diagnosed	6.4%	7.1%	6.5%
COPD hospitalizations per 100,000 population	*166.5*	216.3	NA
Current asthma (Adults)	12.6%	11.7%	7.0%
Current asthma (Youth 0-17)	10.7%	9.1%	8.3%
Pneumonia emergency department rate per 100,000 population	754.2	719.9	NA
Pneumonia hospitalizations per 100,000 population	299.7	329.4	NA
Cancer			
Mortality - all cancers per 100,000 population	*199.4*	185.5	168.7
Breast late stage incidence (females only) per 100,000 population	44.5	41.6	42.9
Colorectal cancer mortality per 100,000 population	18.1	16.1	15.1
Colorectal late stage incidence per 100,000 population	21.0	22.7	NA
Colorectal screening	77.7%	72.2%	81.5%
Female breast cancer mortality per 100,000 population	22.1	20.0	21.5
Lung cancer mortality per 100,000 population	56.6	54.3	46.0
Mammograms females age 50+ in past 2 years	82.9%	82.1%	77.0%
Pap smears females ages 21-65 in past 3 years	85.7%	88.0%	78.0%
Prostate cancer mortality per 100,000 population	27.0	22.1	20.8
Tobacco-related neoplasms, mortality per 100,000 population	41.1	37.4	NA
Cancer			
Bladder cancer incidence per 100,000 population	25.4	28.3	20.3
Colorectal cancer incidence per 100,000 population	40.2	43.5	39.6
Female breast cancer incidence per 100,000 population	138.0	126.3	130.0
Incidence - all cancers per 100,000 population	493.5	500.1	457.6
Lung cancer incidence per 100,000 population	78.8	75.5	56.0
Melanoma incidence per 100,000 population	*15.6*	22.2	22.9
Prostate cancer incidence per 100,000 population	138.3	133.8	141.0
Tobacco-related neoplasms, incidence per 100,000 population	89.3	91.9	NA
Diabetes			
Diabetes prevalence (ever been told)	9.5%	9.6%	9.7%
Pre-diabetes prevalence	*4.9%*	7.4%	NA
Adults with diabetes who have eye exam annually	74.5%	71.2%	53.4%
Adults with diabetes who have foot exam annually	79.8%	83.3%	68.4%
Adults with diabetes who have had an A1C test 2x per year	NA	73.2%	66.5%
Adults with diabetes who have received formal diabetes education	65.1%	60.0%	NA
Diabetes emergency department visits (principal diagnosis) per 100,000 population	233.9	235.9	NA
Diabetes hospitalizations (principal diagnosis) per 10,000 population	12.5	11.7	NA

Statistically significant difference (at the 95% confidence level) between the county and the state are highlighted in orange and italicized.

Maine Shared Community Health Needs Assessment County Summary: 2015	Kennebec County Updated: August 2015		
Maine Shared CHNA Health Indicators	**Kennebec**	**Maine**	**US**
Diabetes long-term complication hospitalizations	*72.3*	59.1	NA
Diabetes mortality (underlying cause) per 100,000 population	*25.8*	20.8	23.9
Physical Activity, Nutrition and Weight			
Obesity (Adults)	28.3%	28.9%	29.4%
Obesity (High School Students)	14.3%	12.7%	13.7%
Overweight (Adults)	38.8%	36.0%	35.4%
Overweight (High School Students)	16.7%	16.0%	16.6%
Fewer than 2 hours combined screen time (Youth)	NA	40.9%	NA
Fruit and vegetable consumption (High School Students)	16.7%	16.8%	NA
Fruit consumption among Adults 18+ (<1 serving per day)	36.1%	34.0%	39.2%
Met physical activity recommendations (Adults)	57.1%	53.4%	50.8%
Met physical activity recommendations (High School Students)	44.4%	43.7%	47.3%
Sedentary lifestyle - no physical activity in past month (Adults)	22.3%	23.3%	25.3%
Soda/sports drink consumption (High School Students)	27.5%	26.2%	NA
Vegetable consumption among Adults 18+ (<1 serving per day)	20.3%	17.9%	22.9%
Substance Abuse			
Alcohol-induced mortality	8.0	8.0	9.2
Binge drinking of alcoholic beverages (High school students)	14.3%	14.8%	20.8%
Binge drinking of alcoholic beverages (Adults)	13.7%	17.2%	16.8%
Chronic heavy drinking (Adults)	4.6%	7.2%	6.2%
Drug Affected Baby Referrals Received	8.3%	7.8%	NA
Drug-induced mortality	13.0	13.9	14.7
Emergency Medical Service Overdose Response	416.1	391.5	NA
Opiate poisoning (ED visits)	19.6	25.1	NA
Opiate poisoning (hospitalizations)	14.0	13.2	NA
Past 30 day alcohol use (High school students)	24.0%	26.0%	34.9%
Past 30 day Inhalant use (High school students)	3.0%	3.2%	NA
Past 30 day marijuana use (Adults)	8.4%	7.8%	NA
Past 30 day marijuana use (High school students)	20.0%	21.6%	23.4%
Past 30 day nonmedical use of prescription drugs (Adult)	NA	1.1%	NA
Past 30 day nonmedical use of prescription drugs (High school students)	4.5%	5.6%	NA
Prescription Monitoring Program Opioid Prescriptions (Days Supply/Pop)	9.5	6.8	NA
Substance abuse hospital admissions	351.2	328.1	NA
Tobacco Use			
Current smoking (Adults)	17.9%	20.2%	17.8%
Current smoking (High School Students)	13.6%	12.9%	15.7%
Current tobacco use (High School Students)	18.6%	18.2%	22.4%
Secondhand smoke exposure (Youth)	39.4%	38.3%	NA
Mental Health			
Adults who have ever had anxiety	19.5%	18.8%	NA
Adults who have ever had depression	22.9%	23.4%	18.7%
Adults with current symptoms of depression	9.0%	9.9%	NA
Co-morbidity for persons with mental illness	NA	33.3%	NA

Statistically significant difference (at the 95% confidence level) between the county and the state are highlighted in orange and italicized.

Maine Shared Community Health Needs Assessment County Summary: 2015	Kennebec County Updated: August 2015		
Maine Shared CHNA Health Indicators	**Kennebec**	**Maine**	**US**
Mental health emergency department rates	2,008.8	1,972.1	NA
Receiving outpatient mental health treatment in past 12 months	16.7%	17.4%	NA
Sad/hopeless - 2 weeks in a row (High School Students)	24.5%	24.3%	29.9%
Seriously considered suicide (High School Students)	15.3%	14.6%	17.0%
Environmental Health			
Children with elevated blood lead levels (% among those screened)	2.3%	2.5%	4.3%
Homes with private wells tested for arsenic	*56.5%*	43.3%	NA
Lead screening among 1 & 2 year old children	*25.6%*	22.6%	NA
Occupational Health			
Deaths from work-related injuries (number)	NA	19	4,585
Nonfatal Occupational Injuries (number)	1,539.0	13,205.0	NA
Infectious Disease			
Hepatitis A infections per 100,000 population	0.0	0.6	0.6
Hepatitis B infections per 100,000 population	4.1	0.9	1.0
Hepatitis C infections per 100,000 population	3.3	2.3	0.7
Lyme disease per 100,000 population	113.9	105.3	10.0
Newly diagnosed tuberculosis cases per 100,000 population	0.8	1.1	3.2
Newly reported cases of past or present hepatitis C virus (HCV) infection per 100,000 population	39.6	107.1	NA
Newly reported chronic hepatitis B virus (HBV) infections per 100,000 population	3.3	8.1	NA
Pertussis incidence per 100,000 population	14.0	41.9	15.5
Immunization			
Adults immunized for annually for influenza	47.2%	44.1%	62.8%
Adults immunized for pneumococcal pneumonia (ages 65 and over)	74.0%	73.8%	69.5%
Immunization exemptions among kindergarteners for philosophical reasons	3.1%	3.7%	NA
Two-Year Olds Up-to-Date with Series of Seven Immunizations- 4-3-1-3-3-1-4	81.0%	75.0%	NA
STD/HIV			
AIDS incidence per 100,000 population	0.0	2.1	8.4
Chlamydia incidence per 100,000 population	295.6	265.5	446.6
Gonorrhea incidence per 100,000 population	19.0	17.8	106.1
HIV incidence per 100,000 population	3.3	4.4	15.0
HIV/AIDS hospitalization rate per 100,000 population	22.0	21.4	NA
Syphilis incidence per 100,000 population	0.0	1.6	5.5
Health Care Quality			
Ambulatory care-sensitive condition hospital admission rate per 100,000 population	*1390.4*	1499.3	1457.5
Ambulatory care-sensitive condition emergency department rate per 100,000 population	*3892.4*	4258.8	NA

Statistically significant difference (at the 95% confidence level) between the county and the state are highlighted in orange and italicized.

Table 28. List of Data Sources and Years for Quantitative Health Indicators

Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Demographics			
Population	U.S. Census	2014	2013 data was used for all age, racial and ethnic groups
Population with a disability	U.S. Census	2013	Adults reporting anyone of the six disability types are considered to have a disability: Hearing difficulty, Vision difficulty, Cognitive difficulty, Ambulatory difficulty, Self-care difficulty, Independent living difficulty
Population density	U.S. Census	2010	Based on 2010 U.S. Census Population
Socio-Economic Status Measures			
Unemployment rate	Bureau of Labor Statistics	2014	Unemployment rate of the civilian noninstitutional population averaged for the full year of 2014.
Adults living in poverty	U.S. Census	2013	The poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. The American Community Survey measures poverty in the previous 12 months instead of the previous calendar year.
Children living in poverty	U.S. Census	2013	The poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. The American Community Survey measures poverty in the previous 12 months instead of the previous calendar year.
Percentage of people living in rural areas	U.S. Census	2013	The urban/rural categories used in this analysis were defined by the New England Rural Health Roundtable available in Rural Data For Action 2nd Edition: http://www.newenglandruralhealth.org/rural_data
Median household income	U.S. Census	2013	In 2013 inflation-adjusted dollars. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not.

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
High school graduation rate	Maine Dept of Education	2013-14 School Year	Proportion of students who graduate with a regular diploma 4 years after starting 9th grade. Graduations rates include all public schools and all private schools that have 60% or more publicly funded students.
Single parent families	U.S. Census	2013	Families consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. "Householder without a spouse present" is defined as a male householder without a wife present or a female householder without a husband present
65+ living alone	U.S. Census	2013	Estimated number of 1-person households with a person 65 years and over
General Health Status			
Adults who rate their health fair to poor	BRFSS (U.S. Core)	2013	
Adults with 14+ days lost due to poor mental health	BRFSS (U.S. Core)	2013	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
Adults with 14+ days lost due to poor physical health	BRFSS (U.S. Core)	2013	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
Adults with 3 or more chronic conditions	BRFSS (U.S. Core)	2013	Chronic Conditions available in 2013 BRFSS: Arthritis, Asthma, Cancer, Cardiovascular Disease, Chronic Kidney Disease, Chronic obstructive pulmonary disease (COPD), Coronary Heart Disease, Diabetes, Hypertension, High Cholesterol, Obesity
Mortality			
Life expectancy (Female)	National Center for Health Statistics	2013	Life expectancy at birth
Life expectancy (Male)	National Center for Health Statistics	2013	Life expectancy at birth
Overall mortality rate per 100,000 population	DRVS	2013	
Access			
Adults with a usual primary care provider	BRFSS (U.S. Core)	2013	Adults that have one or more person they think of as their personal doctor or health care provider.
Individuals who are unable to obtain or delay obtaining necessary medical care due to	BRFSS (U.S. Core)	2013	Adults reporting that there was time during the last 12 months when they needed to see a doctor, but could not because of the cost.

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
cost			
MaineCare enrollment	MaineCare	2015	The number and percent of individuals participating in MaineCare. These data are reported as of April 2015. Individuals are reported by county of residence at the end of the SFY or the end of participation in the program. Figures exclude individuals who were non-residents or who were out-of-state.
Percent of children ages 0-19 enrolled in MaineCare	MaineCare	2015	The number and percent of individuals participating in MaineCare. These data are reported as of April 2015. Individuals are reported by county of residence at the end of the SFY or the end of participation in the program. Figures exclude individuals who were non-residents or who were out-of-state.
Percent uninsured	U.S. Census	2013	Estimated number of Maine people who do not currently have health insurance.
Oral Health			
Adults with visits to a dentist (also ages 18-34) in the past 12 months	BRFSS (U.S. core)	2012	Adults that last visited the dentist or a dental clinic for any reason in the past 12 months
MaineCare members under 18 with a visit to the dentist in the past year	Maine Care	2014	Total Members Under 18 with Dental Claims during Calendar Year 2014 was 67,871. Of those, only 61,948 had eligibility as of April 2015. Members were under 18 on date of service but some turned 18 by April 2015.
Pregnancy and Birth Outcomes			
Infant death per 1,000 births	Maine CDC Vital Records	2012	
Live birth, for which the mother received early & adequate prenatal care	Maine CDC Vital Records	2012	
Low birth weight <2500 grams	Maine CDC Vital Records	2012	
Percent of children with special health needs	National Survey of Children with Special Health Care Needs	2009-10	
Teen birth rate (age 15-19)	Maine CDC Vital Records	2012	Defined as the number of live births among Maine women of all ages per 1,000 15-19 year old Maine women
Intentional Injury			
Domestic assaults reports to police per 100,000 population	Maine Dept of Public Safety	2013	

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Firearm deaths per 100,000 population	Maine CDC Vital Records	2013	ICD-10 W32-W34 ,X72-X74, X93-X95, Y22-Y24, Y350 or U014
Intentional self-injury (Youth)	MIYHS	2013	
Lifetime rape/non-consensual sex (among females)	BRFSS (2012 part A)	2013	Females that have EVER had sex with someone after they said or showed that they didn't want them to or without their consent
Nonfatal child maltreatment per 1,000 population	Child Maltreatment Report ACYF	2013	US Rate for 2011
Reported rape per 100,000 population	Maine Dept of Public Safety	2013	Includes Rape by Force, and Attempted Forcible Rape. Excludes carnal abuse without force (statutory rape) and other sex offenses.
Suicide deaths per 100,000 population	Maine CDC Vital Records	2013	ICD-10 U03 X60-X84 or Y87.0
Violence by current or former intimate partners in past 12 months (among females)	BRFSS (2012 part A)	2013	Females that have experienced physical violence or had unwanted sex with a current or former intimate partner within the past 12 months
Violent crime rate per 100,000 population	Maine Dept of Public Safety	2013	Reported violent crime offenses. Violent crime includes murder, rape, robbery, and aggravated assault.
Unintentional Injury			
Emergency department visits due to falls among older adults per 10,000 population	MHDO	2011	ICD 9 CM - E880-E886 or E888.
Fall-related deaths per 100,000 population	Maine CDC Vital Records	2013	ICD-10 W00-W19. Among adults age 65 and older. US data from 2010.
Motor vehicle crash related deaths per 100,000 population	Maine CDC Vital Records	2013	ICD-10 V02-V04 (.1 .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29 (.4-.9), V30-V39 (.4-.9), V40-V49 (.4-.9), V50-V59 (.4-.9) ,V60-V69 (.4-.9), V70-V79 (.4-.9) ,V80 (.3-.5), V81.1 ,V82.1, V83-V86 (.0-.3) ,V87 (.0-.8) or V89.2
Seatbelt use (Adults)	BRFSS (U.S. core)	2013	Adults reporting they Always or Nearly Always use seatbelts when they drive or ride in a car
Seatbelt use (Youth)	MIYHS	2013	
Traumatic brain injury emergency department visits per 10,000 population	MHDO	2011	ICD 9-CM 800.00–801.99, 803.00–804.99, 850.0–850.9, 851.00–854.19, 950.1–950.3, 959.01 or 995.55
Unintentional poisoning deaths per 100,000 population	Maine CDC Vital Records	2013	ICD-10 X40-X49 or Y10-Y19
Cardiovascular Disease			
Acute myocardial infarction hospitalizations per 10,000 population	MHDO	2011	ICD 9 CM - 410
Acute myocardial infarction mortality (ages 45-64; 65+) per 100,000 population	Maine CDC Vital Records	2013	ICD-10 I21-I22

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Cholesterol checked every 5 years	BRFSS (2013 part A)	2013	
Coronary heart disease mortality per 100,000 population	Maine CDC Vital Records	2013	ICD-10 I20-I25
Heart failure hospitalizations per 10,000 population	MHDO	2011	ICD 9 CM - 428
High blood pressure prevalence	BRFSS (2013 part A)	2013	
High cholesterol	BRFSS (2013 part A)	2013	
Hypertension hospitalizations per 100,000 population	MHDO	2011	ICD 9 CM - 401, 402, 403, 404
Stroke hospitalizations per 10,000 population	MHDO	2011	ICD 9 CM - 430-438
Stroke mortality per 100,000 population	Maine CDC Vital Records	2013	ICD-10 I60-I69
Respiratory			
Asthma emergency department visits per 10,000 population	MHDO	2011	ICD 9 CM - 93
COPD diagnosed	BRFSS (U.S. Core)	2013	Adults that have been told by a doctor, nurse or health professional that they have COPD chronic obstructive pulmonary disease, emphysema, or chronic bronchitis
COPD hospitalizations per 100,000 population	MHDO	2011	ICD 9 CM - 490, 491, 492, 494, 496
Current asthma (Adults)	BRFSS (U.S. Core)	2013	Adults that have been told by a doctor, nurse or health professional that they had asthma and that they still have asthma
Current asthma (Youth 0-17)	BRFSS (2012 part B, 2013 part A)	2013	Children that have been told by a doctor, nurse or health professional that they had asthma and that they still have asthma
Pneumonia emergency department rate per 100,000 population	MHDO	2011	ICD 9 CM - 480-486
Pneumonia hospitalizations per 100,000 population	MHDO	2011	ICD 9 CM - 480-486
Cancer			
Breast late stage incidence (females only) per 100,000 population	Maine Cancer Registry (MCR)	2011	Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population. Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Colorectal cancer mortality per 100,000 population	MCR	2011	Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Colorectal late stage incidence per 100,000 population	MCR	2011	Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population. Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.
Colorectal screening	BRFSS (U.S. core)	2012	Adults ages 50 years and older who reported that they had a home blood stool test (e.g., FOBT or FIT) within the past year OR sigmoidoscopy within the past 5 years and home blood stool test within the past 3 years OR a colonoscopy within the past 10 years.
Female breast cancer mortality per 100,000 population	MCR	2011	Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Lung cancer mortality per 100,000 population	MCR	2011	Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Mammograms females age 50+ in past 2 years	BRFSS (U.S. core)	2012	Females ages 50 years and older who reported they had a mammogram within the past 2 years.
Mortality - all cancers per 100,000 population	MCR	2011	All cancer: SEER Cause of Death Recode: 20010-37000 (which include ICD-10 codes: C00-C97).
Pap smears females ages 21-65 in past 3 years	BRFSS (U.S. core)	2012	Females with intact cervix, that have received a pap smear within the past three years
Prostate cancer mortality per 100,000 population	MCR	2011	Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Tobacco-related neoplasms, mortality per 100,000 population	MCR	2011	Cancer Deaths: Deaths with malignant cancer as the underlying cause of death.
Cancer			
Bladder cancer incidence per 100,000 population	MCR	2011	Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population. Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable
Colorectal cancer incidence per 100,000 population	MCR	2011	Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population. Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable
Female breast cancer incidence per 100,000 population	MCR	2011	Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population. Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable.

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Incidence - all cancers per 100,000 population	MCR	2011	All cancer: SEER Site Recode: 20010-37000 (which include ICD-O-3 codes: C00-C797).
Lung cancer incidence per 100,000 population	MCR	2011	Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population. Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable
Melanoma incidence per 100,000 population	MCR	2011	Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population. Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable
Prostate cancer incidence per 100,000 population	MCR	2011	Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population. Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable
Tobacco-related neoplasms, incidence per 100,000 population	MCR	2011	Cancer Incidence: The number of people who develop cancer (new cancer cases) during a specified period of time in a specified population. Incidence case definitions exclude histologies consistent with Kaposi sarcoma and mesothelioma, where applicable
Diabetes			
Diabetes prevalence (ever been told)	BRFSS (U.S. core)	2013	Adults that have ever been told by a doctor or other health professional that they have diabetes
Pre-diabetes prevalence	BRFSS (2012, 2013 part A)	2013	Adults that have ever been told by a doctor or other health professional that they have pre-diabetes or borderline diabetes
Adults with diabetes who have eye exam annually	BRFSS (2012, 2013 part A)	2013	US Rate for 2008
Adults with diabetes who have foot exam annually	BRFSS (2012, 2013 part A)	2013	US Rate for 2010
Adults with diabetes who have had an A1C test 2x per year	BRFSS (2012, 2013 part A)	2013	US Rate for 2010
Adults with diabetes who have received formal diabetes education	BRFSS (2012, 2013 part A)	2013	
Diabetes emergency department visits (principal diagnosis) per 100,000 population	MHDO	2011	ICD 9 CM - 250
Diabetes hospitalizations (principal diagnosis) per 10,000	MHDO	2011	ICD 9 CM - 250

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
population			
Diabetes long-term complication hospitalizations	MHDO	2011	Diabetes long-term complication hospitalizations are defined as hospitalizations of Maine residents for which diabetes long-term complication was the primary diagnosis, coded as ICD 9 - 25040, 25070, 25041, 25071, 25042, 25072, 25043, 25073, 25050, 25051, 25052, 25053, 25080, 25081, 25082, 25083, 25060, 25061, 25062, 25063, 25090, 25091, 25092.
Diabetes mortality (underlying cause) per 100,000 population	Maine CDC Vital Records	2013	ICD-10 E10-E14
Physical Activity, Nutrition and Weight			
Obesity (Adults)	BRFSS (U.S. core)	2013	US Rate for 2012
Obesity (High School Students)	MIYHS	2013	Percentage of students who were obese (i.e., at or above the 95th percentile for body mass index, by age and sex) -- SELF-REPORTED HEIGHT/WEIGHT
Overweight (Adults)	BRFSS (U.S. core)	2013	US Rate for 2012
Overweight (High School Students)	MIYHS	2013	Percentage of students who were overweight (i.e., at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex) -- SELF-REPORTED HEIGHT/WEIGHT
Fewer than 2 hours combined screen time (Youth)	MIYHS	2013	Percentage of students watching 2 or fewer hours of combined screen time (tv, video games, computer) per day on an average school day.
Fruit and vegetable consumption (High School Students)	MIYHS	2013	Percentage of students who drank 100% fruit juice, ate fruit and/or ate vegetables five or more times per day during the past seven days
Fruit consumption among Adults 18+ (<1 serving per day)	BRFSS (U.S. Core)	2013	
Met physical activity recommendations (Adults)	BRFSS (U.S. Core)	2013	Adults who reported doing enough physical activity to meet the aerobic and strengthening recommendations
Met physical activity recommendations (High School Students)	MIYHS	2013	Percentage of students who were physically active for a total of at least 60 minutes per day on five of the past seven days
Sedentary lifestyle - no physical activity in past month (Adults)	BRFSS (U.S. Core)	2013	Adults reporting that during the past month, other than their regular job, they did not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Soda/sports drink consumption (High School Students)	MIYHS	2013	Percentage of students who drank at least one can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Not counting diet soda, other diet drinks, or 100% fruit juice.) per day during the past week
Vegetable consumption among Adults 18+ (<1 serving per day)	BRFSS (U.S. Core)	2013	
Substance Abuse			
Alcohol-induced mortality	Maine CDC Vital Records	2013	ICD 10 - E24.4 , F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, R78.0, X45, X65 or Y15
Binge drinking of alcoholic beverages (High school students)	MIYHS	2013	During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? Percentage of students who answered at least 1 day
Binge drinking of alcoholic beverages (Adults)	BRFSS (U.S. core)	2013	Risk factor for binge drinking where binge drinking is defined as having 5 or more drinks on 1 occasion for men, and 4 or more drinks on 1 occasion for women
Chronic heavy drinking (Adults)	BRFSS (U.S. core)	2013	At risk for heavy alcohol consumption (greater than two drinks per day for men and greater than one drink per day for women)
Drug Affected Baby Referrals Received	OCFS Maine Automated Child Welfare Information System	2014	Birth Data for calculations prepared by Maine Centers for Disease Control and Prevention Data, Research, and Vital Statistics on 1/9/2015
Drug-induced mortality	CDC Wonder	2013	The population figures for year 2013 are bridged-race estimates of the July 1 resident population, from the Vintage 2013 postcensal series released by NCHS on June 26, 2014
Emergency Medical Service Overdose Response	Maine Emergency Medical Services	2014	Includes overdoses from drugs/medication, alcohol and inhalants
Opiate poisoning (ED visits)	MHDO	2011	ICD 9 - 9650, 96500, 96501, 96502, 96509
Opiate poisoning (hospitalizations)	MHDO	2011	ICD 9 - 9650, 96500, 96501, 96502, 96509
Past 30 day alcohol use (High school students)	MIYHS	2013	During the past 30 days, on how many days did you have at least one drink of alcohol? Percentage of students who answered at least 1 day

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Past 30 day Inhalant use (High school students)	MIYHS	2013	During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high? Percentage of students who answered at least 1 time
Past 30 day marijuana use (Adults)	BRFSS	2013	During the past 30 days, have you used marijuana?
Past 30 day marijuana use (High school students)	MIYHS	2013	During the past 30 days, how many times did you use marijuana? Percentage of students who answered at least 1 time
Past 30 day nonmedical use of prescription drugs (Adult)	BRFSS (2012, 2013 part A)	2013	Adults who used prescription drugs that were either not prescribed and/or not used as prescribed in order to get high at least once within the past 30 days
Past 30 day nonmedical use of prescription drugs (High school students)	MIYHS	2013	During the past 30 days, how many times did you take a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? Percentage of students who answered at least 1 time
Prescription Monitoring Program Opioid Prescriptions	Prescription Monitoring Program	2014-15	Presented as Days Supply/Population, which is the total days of supply of medication divided by the overall population
Substance abuse hospital admissions	MHDO	2012	DRG-MDC 20
Tobacco Use			
Current smoking (Adults)	BRFSS (U.S. core)	2013	Adults that reported having smoked at least 100 cigarettes in their lifetime and currently smoke
Current smoking (High School Students)	MIYHS	2013	During the past 30 days, on how many days did you smoke cigarettes? Percentage of students who answered at least 1 day
Current tobacco use (High School Students)	MIYHS	2013	Percentage of students who smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days (Note: Reports read "Percentage of students who smoked cigarettes and/or cigars and/or used chewing tobacco, snuff, or dip on one or more of the past 30 days")
Secondhand smoke exposure (Youth)	MIYHS	2013	
Mental Health			
Adults who have ever had anxiety	BRFSS (State Added Core)	2013	Adults who have ever been told by a doctor or other healthcare provider that they have an anxiety disorder?

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Adults who have ever had depression	BRFSS (U.S. core)	2013	Adults who have ever been told by a doctor or other healthcare provider that they have a depressive disorder
Adults with current symptoms of depression	BRFSS (State Added Core)	2013	Indicator of current depression coded using two items from the PHQ-2 depression screener.
Co-morbidity for persons with mental illness	BRFSS (State Added Core)	2013	Adults with current symptoms of depression from the PHQ-2 depression screener with 3 or more chronic conditions
Mental health emergency department rates	MHDO	2011	ICD 9 CM - 209-302, 306-319, which exclude substance use related disorders
Receiving outpatient mental health treatment in past 12 months	BRFSS (State Added Core)	2013	Adults now taking medicine or receiving treatment from a doctor for any type of mental health condition or emotional problem
Sad/hopeless - 2 weeks in a row (High School Students)	MIYHS	2013	During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? Percentage of students who answered "Yes"
Seriously considered suicide (High School Students)	MIYHS	2013	During the past 12 months, did you ever seriously consider attempting suicide? Percentage of students who answered "Yes"
Environmental Health			
Children with elevated blood lead levels (% among those screened)	Maine CDC Lead Program	2013	In 2012, CDC defined a reference level of 5 micrograms per deciliter (µg/dL) to identify children with elevated blood lead levels. These children are exposed to more lead than most children.
Homes with private wells tested for arsenic	BRFSS (2012 part A)	2013	
Lead screening among 1 & 2 year old children	Maine CDC Lead Program	2013	
Occupational Health			
Deaths from work-related injuries (number)	Maine Dept. of Labor	2013	Includes self-employed workers, owners of unincorporated businesses and farms, paid and unpaid family workers, members of partnerships, and may include owners of incorporated businesses
Nonfatal Occupational Injuries (number)	U.S. Bureau of Labor Statistics	2013	Includes both injuries that required days away from work and those that required job transfer or restriction. Data do not reflect the relative FTEs worked by the various groups of employees.
Infectious Disease			
Hepatitis A infections per 100,000 population	National Electronic Disease Surveillance System (NEDSS)	2014	US Rate for 2013

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Hepatitis B infections per 100,000 population	NEDSS	2014	US Rate for 2013
Hepatitis C infections per 100,000 population	NEDSS	2014	US Rate for 2013
Lyme disease per 100,000 population	NEDSS	2014	US Rate for 2012
Newly diagnosed tuberculosis cases per 100,000 population	NEDSS	2014	US Rate for 2012
Newly reported cases of past or present hepatitis C virus (HCV) infection per 100,000 population	NEDSS	2014	
Newly reported chronic hepatitis B virus (HBV) infections per 100,000 population	NEDSS	2014	
Pertussis incidence per 100,000 population	NEDSS	2014	US Rate for 2012
Immunization			
Adults immunized for annually for influenza	BRFSS (U.S. core)	2013	Adults that have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose during the past 12 months
Adults immunized for pneumococcal pneumonia (ages 65 and over)	BRFSS (U.S. core)	2013	Risk factor for adults aged 65 or older that have ever had a pneumonia shot
Immunization exemptions among kindergarteners for philosophical reasons	Maine Immunization Program	2015	
Two-Year Olds Up-to-Date with Series of Seven Immunizations- 4-3-1-3-3-1-4 Immunizations	Maine Immunization Program	2015	The Maine Immunization Program conducts an annual immunization assessment on January 1st of each calendar year which includes all 2 year olds in the State of Maine immunization registry, ImmPact, associated to a practice which enters client specific data. These assessments follow the standard Centers for Disease Control and Prevention childhood assessment criteria of 24-35 months of age immunized as of 24 months for the 4 DTaP (Diphtheria, Tetanus, Polio): 3 IPV (Polio): 1 MMR (Measles, Mumps, Rubella): 3 Hib (Haemophilus influenza type B): 3 HepB (Hepatitis B):1 Var (Varicella):4 PCV (Pneumococcal Conjugate) schedule.
STD/HIV			
AIDS incidence per 100,000 population	Maine CDC HIV Program	2014	US Rate for 2013
Chlamydia incidence per 100,000 population	Maine CDC STD Program	2014	US Rate for 2013

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Maine Shared Community Health Needs Assessment Data Sources 2015			
Indicator	**Data source**	**Year(s)**	**Other notes**
Gonorrhea incidence per 100,000 population	Maine CDC STD Program	2014	US Rate for 2013
HIV incidence per 100,000 population	Maine CDC HIV Program	2014	US Rate for 2013
HIV/AIDS hospitalization rate per 100,000 population	MHDO	2011	DRG-MDC 25
Syphilis incidence per 100,000 population	Maine CDC STD Program	2014	US Rate for 2013
Health Care Quality			
Ambulatory care-sensitive condition hospital admission rate per 100,000 population	MHDO	2011	PQI = Prevention Quality Indicators, a set of measures that can be used with hospital inpatient discharge data to identify quality of care for ambulatory care-sensitive conditions. Additional information at: AHRQ Quality Indicators, Version 4.4, Agency for Healthcare Research and Quality: U.S. Department of Health and Human Services. http://www.qualityindicators.ahrq.gov
Ambulatory care-sensitive condition emergency department rate per 100,000 population	MHDO	2011	PQI = Prevention Quality Indicators, a set of measures that can be used with hospital inpatient discharge data to identify quality of care for ambulatory care-sensitive conditions. Additional information at: AHRQ Quality Indicators, Version 4.4, Agency for Healthcare Research and Quality: U.S. Department of Health and Human Services. http://www.qualityindicators.ahrq.gov

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- Maine Primary Care Association
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