



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

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

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> <li>Androscoggin has a low rate of current asthma among youth ages 0-17 [AND=5.3%; ME=9.1%]</li> <li>Androscoggin also has low incidence rates for a number of cancer-related indicators: <ul style="list-style-type: none"> <li>Low female breast cancer late-stage incidence per 100,000 population [AND=34.4; ME=41.6]</li> <li>Low colorectal late-stage incidence per 100,000 population [AND=19.0; ME=22.7]</li> <li>Low melanoma incidence per 100,000 population [AND=15.3; ME=22.2]*</li> </ul> </li> <li>Low pre-diabetes prevalence [AND=5.4%; ME=6.9%]</li> <li>In addition, Androscoggin has low incidence rates for a number of infectious diseases: <ul style="list-style-type: none"> <li>Low incidence of past or present hepatitis C virus (HCV) per 100,000 population [AND=90.3; ME=107.1]</li> <li>Low Lyme disease incidence per 100,000 population [AND=87.5; ME=105.3]</li> <li>Low pertussis incidence per 100,000 population [AND=34.4; ME=41.9]</li> <li>Low HIV incidence per 100,000 population [AND=2.8; ME=4.4]</li> </ul> </li> <li>Low firearm deaths per 100,000 population [AND=7.2; ME=9.2]</li> <li>Low unintentional fall related deaths per 100,000 population [AND=6.3; U.S.=8.5]</li> <li>Androscoggin fares well on several alcohol and substance use related indicators, including: <ul style="list-style-type: none"> <li>Lower binge drinking of alcoholic beverages (High School Students)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Androscoggin has a significantly higher overall mortality rate per 100,000 population than the state [AND=789.0; ME=745.8]*</li> <li>High asthma emergency department visits per 10,000 population [AND=81.8; ME=67.3]*</li> <li>High percent of adults diagnosed with COPD [AND=9.1%; ME=7.6%]</li> <li>High percent of adults with current asthma [AND=13.0%; U.S.=9.0%]</li> <li>High coronary heart disease mortality per 100,000 population [AND=101.0; ME=89.8]*</li> <li>High hypertension hospitalizations per 100,000 population [AND=33.1; ME=28.0]</li> <li>Androscoggin fares worse than the state on several diabetes related indicators, including: <ul style="list-style-type: none"> <li>Higher diabetes prevalence [AND=11.5%; ME=9.6%]</li> <li>High diabetes hospitalizations (principal diagnosis) per 10,000 population [AND=13.7; ME=11.7]*</li> <li>High diabetes long-term complication hospitalizations [AND=77.2; ME=59.1]*</li> <li>High diabetes mortality [AND=24.2; ME=20.8]</li> </ul> </li> <li>More children with confirmed elevated blood lead levels (% among those screened) [AND=4.7%; ME=2.5%]* as well as more children with unconfirmed elevated blood lead levels (% among those screened) [AND=5.4%; ME=4.2%]*</li> <li>High incidence of newly reported chronic hepatitis B virus (HBV) per 100,000 population [AND=16.8; ME=8.1]</li> <li>High chlamydia incidence per 100,000 population</li> </ul>

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<p>[AND=13.2%; U.S.=20.8%]</p> <ul style="list-style-type: none"> <li>• Lower chronic heavy drinking (Adults) [AND=5.4%; ME=7.3%]</li> <li>• Low emergency medical service overdose response per 100,000 population [AND=243.9; ME=391.5]</li> <li>• Low opiate poisoning (ED visits) [AND=20.0; ME=25.1] and hospitalizations [AND=10.5; ME=13.2] per 100,000 population</li> <li>• Low past-30-day alcohol use [AND=23.6%; U.S.=34.9%], inhalant use [AND=2.7%; ME=3.2%] and nonmedical use of prescription drugs [AND=4.7%; ME=5.6%] among high school students</li> </ul>	<p>[AND=485.9; ME=265.5]</p> <ul style="list-style-type: none"> <li>• High domestic assaults reports to police per 100,000 population [AND=608.1; ME=413.0]</li> <li>• Androscoggin has high reported rape rate [AND=33.5; ME=27.0] as well as violent crime rate [AND=161.1; ME=125.0]</li> <li>• High unintentional fall related injury emergency department visits per 10,000 population [AND=436.4; ME=361.3]*</li> <li>• More adults who have ever had depression [AND=27.0%; ME=23.5%]*</li> <li>• More co-morbidity for persons with mental illness [AND=44.4%; ME=35.2%]</li> <li>• High mental health emergency department rates per 100,000 population [AND=2,523.6; ME=1,972.1]*</li> <li>• High infant deaths per 1,000 live births [AND=7.1; ME=6.0]</li> <li>• High live births to 15-19 year olds per 1,000 population [AND=31.7; ME=20.5]*</li> <li>• More low birth weight (&lt;2500 grams) [AND=7.7%; ME=6.6%]</li> <li>• High alcohol-induced mortality per 100,000 population [AND=10.0; ME=8.0]</li> <li>• High substance-abuse hospital admissions per 100,000 population [AND=516.4; ME=328.1]*</li> </ul>

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

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

Stakeholder Input - Stakeholder Survey Responses <sup>1</sup>	
Community Challenges	Community Resources
<p>Biggest health issues in Androscoggin County according to stakeholders (% of those rating issue as a major or critical)</p>	<p><b>Assets Needed to Address Challenges:</b></p> <ul style="list-style-type: none"> <li>• <b>Drug and alcohol abuse:</b> Greater access to drug/alcohol treatments; greater access to substance abuse prevention programs; free or low-cost treatments for the uninsured; more</li> </ul>

<sup>1</sup> Results are from the Maine Shared Community Health Needs Assessment Stakeholder Survey, conducted in May-June, 2015, n=130.  
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<p><i>problem in their area).</i></p> <ul style="list-style-type: none"> <li>• Drug and alcohol abuse (86%)</li> <li>• Mental health (86%)</li> <li>• Obesity (82%)</li> <li>• Physical activity and nutrition (81%)</li> <li>• Depression (79%)</li> </ul>	<p>substance abuse treatment providers; additional therapeutic programs</p> <ul style="list-style-type: none"> <li>• <b>Mental health/depression:</b> More mental health professionals; more community-based services; better funding and support; greater access to inpatient care; readily available information about resources; transitional programs</li> <li>• <b>Obesity/ physical activity and nutrition:</b> Greater access to affordable and healthy food; more programs that support low income families</li> </ul> <p><b>Assets Available in County/State:</b></p> <ul style="list-style-type: none"> <li>• <b>Drug and alcohol abuse:</b> Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services</li> <li>• <b>Mental health/depression:</b> Mental health/counseling providers and programs</li> <li>• <b>Obesity/ physical activity and nutrition:</b> 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</li> </ul>
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**Table 24. Priority Health Factor Strengths and Challenges for Androscoggin County-Surveillance Data**

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> <li>• Androscoggin has a lower percent of uninsured compared to the state [AND=9.5%; ME=10.4%]*</li> <li>• In addition, Androscoggin has less individuals who are unable to obtain or delay obtaining necessary medical care due to cost [AND=10.9%; U.S.=15.3%]</li> <li>• More pap smears tests among females ages 21-65 in past three years [AND=94.3%; ME=88.0%]*</li> <li>• More adults who have their cholesterol checked every five years [AND=85.0%; ME=81.0%]*</li> <li>• More lead screening among children age 12-23 months [AND=51.1%; ME=49.2%]* as well as those aged 24-35 months [AND=29.1%; ME=27.6%]*</li> <li>• Low current cigarette smoking [AND=10.7%; ME=12.9%] as well as current tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>• Androscoggin has more adults living in poverty [AND=15.6%; ME=13.6%]* as well as more children living in poverty [AND=23.8%; ME=18.5%]*</li> <li>• Low median household income [AND=\$44,921; ME=\$48,453]*</li> <li>• More single-parent families [AND=41.5%; ME=34.0%]</li> <li>• Lower percent of high school students who perform physical activity for at least 60 minutes per day on five of the past seven days [AND=38.7%; ME=43.7%]*</li> <li>• Androscoggin also has more obesity among adults [AND=37.9%; ME=28.9%]* as well as high school students [AND=16.0%; ME=12.7%]</li> <li>• More current cigarette smoking (Adults) [AND=24.4%; ME=20.2%]</li> </ul>

among high school students [AND=16.1%;  
U.S.=22.4%]

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

Stakeholder Input- Stakeholder Survey Responses <sup>2</sup>	
Community Challenges	Community Resources
<p>Biggest health factors leading to poor health outcomes in Androscoggin County according to stakeholders (<i>% of those rating factor as a major or critical problem in their area</i>).</p> <ul style="list-style-type: none"> <li>• Poverty (91%)</li> <li>• Transportation (74%)</li> <li>• Access to behavioral care/mental health care (73%)</li> <li>• Housing stability (73%)</li> <li>• Adverse childhood experiences (73%)</li> </ul>	<p><b>Assets Needed to Address Challenges:</b></p> <ul style="list-style-type: none"> <li>• <b>Poverty:</b> Greater economic development; increased mentoring services; more skills trainings; more employment opportunities at livable wages; better transportation; better education</li> <li>• <b>Transportation:</b> 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</li> <li>• <b>Access to behavioral care/mental health care:</b> 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</li> </ul> <p><b>Assets Available in County/State:</b></p> <ul style="list-style-type: none"> <li>• <b>Poverty:</b> General Assistance; other federal, state and local programs</li> <li>• <b>Access to behavioral care/mental health care:</b> Behavioral/mental health agencies</li> <li>• <b>Housing stability:</b> Maine Affordable Housing Coalition; Low income housing/section 8 programs</li> </ul>

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