



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

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

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> • Aroostook County fares better than the state on a number of cancer related indicators, including: <ul style="list-style-type: none"> • Low female breast cancer late-stage incidence per 100,000 population [ARO=34.7; ME=41.6] • Low female breast cancer incidence per 100,000 population [ARO=100.2; ME=126.3]* • Low melanoma incidence per 100,000 population [ARO=13.1; ME=22.2]* • Low prostate cancer mortality rate [ARO=17.4; ME=22.1] and incidence [ARO=104.3; ME=133.8]* • Low incidence of past or present hepatitis C virus (HCV) per 100,000 population [ARO=64.8; ME=107.1] • Low Lyme disease incidence per 100,000 population [ARO=7.2; ME=105.3] • Low chlamydia incidence per 100,000 population [ARO=161.3; ME=265.5] • Low HIV incidence per 100,000 population [ARO=0.0; ME=4.4] • Less children with confirmed elevated blood lead levels (% among those screened) [ARO=0.7%; ME=2.5%]* • Low domestic assaults reports to police per 100,000 population [ARO=284.1; ME=413.0] • Low reported rape per 100,000 population [ARO=10.0; ME=27.0] 	<ul style="list-style-type: none"> • Aroostook has more adults who rate their health fair to poor [ARO=21.0%; ME=15.6%]*, more adults with 14+ days lost due to poor physical health [ARO=17.2%; ME=13.1%]* as well as more adults with three or more chronic conditions [ARO=35.1%; ME=27.6%]* • High overall mortality rate [ARO=800.8; ME=745.8]* • High ambulatory care-sensitive condition hospital admission rate [ARO=1,791.9; ME=1,499.3]* • Aroostook faces several respiratory health related challenges, including: <ul style="list-style-type: none"> • High asthma emergency department visits per 10,000 population [ARO=113.5; ME=67.3]* • More COPD diagnosed [ARO=10.6%; ME=7.6%]* and COPD hospitalizations per 100,000 population [ARO=380.7; ME=216.3]* • More current asthma among adults [ARO=13.2%; U.S.=9.0%] and youth ages 0-17 [ARO=13.6%; ME=9.1%] • High pneumonia hospitalizations per 100,000 population [ARO=445.0; ME=329.4]* • Aroostook also faces several cancer related challenges, including: <ul style="list-style-type: none"> • High female breast cancer mortality per 100,000 population [ARO=24.2; ME=20.0] • High colorectal cancer mortality [ARO=20.0; ME=16.1] and incidence [ARO=56.2; ME=43.5]* • High lung cancer mortality [ARO=60.6; U.S.=46.0] and incidence [ARO=87.8; ME=75.5]* • Higher rates for a number of cardiovascular health indicators: <ul style="list-style-type: none"> • High acute myocardial infarction hospitalizations [ARO=39.5; ME=23.5]* mortality per 100,000 population [ARO=40.0; ME=32.2]*

Health Issues - Surveillance Data

Health Successes	Health Challenges
<ul style="list-style-type: none"> • Low violent crime rate per 100,000 population [ARO=70.0; ME=125.0] • Low unintentional fall related deaths per 100,000 population [ARO=4.1; ME=6.8] • Lower binge drinking of alcoholic beverages (High School Students) [ARO=15.0%; U.S.=20.8%] • Lower binge drinking of alcoholic beverages (Adults) [ARO=13.9%; ME=17.4%]* • Lower chronic heavy drinking (Adults) [ARO=4.9%; ME=7.3%]* • Low emergency medical service overdose response per 100,000 population [ARO=305.3; ME=391.5] • Low opiate poisoning (ED visits) per 100,000 population [ARO=21.2; ME=25.1] • Low opiate poisoning (hospitalizations) per 100,000 population [ARO=10.8; ME=13.2] • Lower past-30-day marijuana use (Adults) [ARO=6.8%; ME=8.2%] • Lower past-30-day marijuana use (High School Students) [ARO=16.5%; ME=21.6%]* • Low substance-abuse hospital admissions per 100,000 population [ARO=125.7; ME=328.1]* 	<ul style="list-style-type: none"> • High coronary heart disease mortality per 100,000 population [ARO=111.8; ME=89.8]* • Higher hypertension prevalence [ARO=40.7%; ME=32.8%]* • More adults with high cholesterol [ARO=47.7%; ME=40.3%]* • High hypertension hospitalizations per 100,000 population [ARO=70.1; ME=28.0]* • Higher diabetes prevalence (ever been told) [ARO=14.2%; ME=9.6%]* as well as pre-diabetes prevalence [ARO=9.5%; ME=6.9%] • High diabetes emergency department visits (principal diagnosis) per 100,000 population [ARO=352.0; ME=235.9]* • High diabetes hospitalizations (principal diagnosis) [ARO=13.8; ME=11.7]* and diabetes mortality (underlying cause) per 100,000 population [ARO=24.3; ME=20.8] • High pertussis incidence per 100,000 population [ARO=97.9; ME=41.9] • High unintentional fall related injury emergency department visits per 10,000 population [ARO=427.9; ME=361.3]* • High unintentional motor vehicle traffic crash related deaths per 100,000 population [ARO=14.2; ME=10.8] • High live births to 15-19 year olds per 1,000 population [ARO=25.5; ME=20.5]* • High alcohol-induced mortality per 100,000 population [ARO=10.7; ME=8.0]

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

All rates are per 100,000 population unless otherwise noted

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

Stakeholder Input - Stakeholder Survey Responses¹	
Community Challenges	Community Resources
<p>Biggest health issues in Aroostook County according to stakeholders (<i>% of those rating issue as a major or critical problem in their area</i>).</p> <ul style="list-style-type: none"> • Obesity (85%) • Drug and alcohol abuse (80%) • Cardiovascular diseases (80%) • Diabetes (76%) • Respiratory diseases (74%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • Obesity: Greater access to affordable and healthy food; more programs that support low income families • Drug and alcohol abuse: Greater access to drug/alcohol treatments; greater access to substance abuse prevention programs; free or low-cost treatments for the uninsured; more substance abuse treatment providers; additional therapeutic programs • Diabetes: More funding <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • Obesity: Public gyms; farmers markets; Maine SNAP-ED Program; school nutrition programs; public walking and biking trails; Healthy Maine Partnerships; Let's Go! 5-2-1-0 • Drug and alcohol abuse: Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services • Cardiovascular diseases: Hospitals; Primary Care Providers; YMCA's (Public gyms); Education programs • Diabetes: National Diabetes Prevention Program; Free screenings; YMCA's (Public gyms); Education programs; School nutrition programs; Diabetes and Nutrition Center; Maine CDC DPCP

Table 24. Priority Health Factor Strengths and Challenges for Aroostook County-Surveillance Data

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> • Less individuals who are unable to obtain or delay obtaining necessary medical care due to cost [ARO=11.1%; U.S.=15.3%] • Less immunization exemptions among 	<ul style="list-style-type: none"> • More adults living in poverty [ARO=16.3%; ME=13.6%]* • More children living in poverty [ARO=23.7%; ME=18.5%]* • Significantly lower median household income than the state [ARO=\$37,855; ME=\$48,453]*

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

<p>kindergarteners for philosophical reasons [ARO=0.6%; ME=3.7%]</p> <ul style="list-style-type: none"> • More lead screening among children age 12-23 months [ARO=71.1%; ME=49.2%]* 	<ul style="list-style-type: none"> • High unemployment rate [ARO=7.6%; ME=5.7%] • Lower adults with visits to a dentist in the past 12 months [ARO=51.9%; ME=65.3%]* • Lower homes with private wells tested for arsenic [ARO=30.2%; ME=43.3%]* • Less adults immunized annually for influenza [ARO=36.5%; ME=41.5%]* • Lower always wear seatbelt (Adults) [ARO=76.2%; ME=85.2%]* • Lower always wear seatbelt (High School Students) [ARO=47.1%; ME=61.6%]* • More sedentary lifestyle – no leisure-time physical activity in past month (Adults) [ARO=27.7%; ME=22.4%]* • More obesity (Adults) [ARO=38.3%; ME=28.9%]* • More current smoking (High School Students) [ARO=16.4%; ME=12.9%] • More secondhand smoke exposure (Youth) [ARO=46.0%; ME=38.3%]*
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Asterisk (*) indicates a statistically significant difference between Aroostook County and Maine
All rates are per 100,000 population unless otherwise noted

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

Stakeholder Input- Stakeholder Survey Responses ²	
Community Challenges	Community Resources
<p>Biggest health factors leading to poor health outcomes in Aroostook 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"> • Access to behavioral care/mental health care (70%) • Poverty (63%) • Employment (63%) • Health care insurance (63%) • Transportation (60%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • 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 • Poverty: Greater economic development; increased mentoring services; more skills trainings; more employment opportunities at livable wages; better transportation; better education • Employment: More job creations; more training; more employment opportunities at livable wages; Greater economic development; more funding for education

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

Stakeholder Input- Stakeholder Survey Responses²

Community Challenges	Community Resources
	<ul style="list-style-type: none">• Health care insurance: Expansion of Medicaid; making insurance more affordable; universal health care; more stable health care system• 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 <p>Assets Available in County/State:</p> <ul style="list-style-type: none">• Access to behavioral care/mental health care: Behavioral/mental health agencies• Poverty: General Assistance; other federal, state and local programs• Employment: Adult education centers; career centers• Health care insurance: MaineCare; ObamaCare (Affordable Care Act); Free care