



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

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

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> <li>Franklin County has a lower asthma ED visits rate per 10,000 population than the state [FRA=58.0; ME=67.3]* as well as a lower pneumonia ED visits rate per 100,000 population [FRA=611.1; ME=719.9]*</li> <li>Franklin has low rates for:               <ul style="list-style-type: none"> <li>All-cancers incidence [FRA=452.9; ME=500.1]*</li> <li>Melanoma incidence [FRA=16.1; ME=22.2] and</li> <li>Prostate cancer mortality [FRA=18.6; ME=22.1]</li> </ul> </li> <li>Low hypertension hospitalizations rate [FRA=15.3; ME=28.0]*</li> <li>Franklin County also has low incidence rates for:               <ul style="list-style-type: none"> <li>Past or present hepatitis C virus (HCV) [FRA=82.5; ME=107.1]</li> <li>Lyme disease [FRA=33.0; ME=105.3]</li> <li>Chlamydia [FRA=214.5; ME=265.5] and</li> <li>HIV [FRA=0.0; ME=4.4]</li> </ul> </li> <li>Low reported rape per 100,000 population [FRA=19.7; ME=27.0]</li> <li>Low suicide deaths per 100,000 population [FRA=9.9; ME=15.2]</li> <li>Low violent crime rate per 100,000 population [FRA=131.1; U.S.=367.9]</li> <li>Low unintentional and undetermined intent poisoning deaths per 100,000 population</li> </ul>	<ul style="list-style-type: none"> <li>High ambulatory care-sensitive condition hospital admission rate per 100,000 population [FRA=1,741.7; ME=1,499.3]*</li> <li>Franklin County faces a number of respiratory health related challenges, including:               <ul style="list-style-type: none"> <li>More adults diagnosed with COPD [FRA=9.0%; ME=7.6%]</li> <li>High COPD hospitalizations per 100,000 population [FRA=264.8; ME=216.3]</li> <li>More adults with current asthma [FRA=12.7%; U.S.=9.0%]</li> <li>High pneumonia hospitalizations per 100,000 population [FRA=420.5; ME=329.4]*</li> </ul> </li> <li>High bladder cancer incidence per 100,000 population [FRA=31.2; U.S.=20.2]</li> <li>High colorectal cancer mortality per 100,000 population [FRA=24.8; ME=16.1]*</li> <li>High diabetes hospitalizations (principal diagnosis) per 10,000 population [FRA=18.1; ME=11.7]*</li> <li>High diabetes long-term complication hospitalizations [FRA=80.3; ME=59.1]*</li> <li>High incidence of newly reported chronic hepatitis B virus (HBV) per 100,000 population [FRA=9.9; ME=8.1]</li> <li>High pertussis incidence per 100,000 population [FRA=165.0; ME=41.9]</li> <li>More domestic assaults reports to police per 100,000 population [FRA=540.6; ME=413.0]</li> <li>High unintentional fall related injury emergency department visits per 10,000 population</li> </ul>

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<p>[FRA=6.9; ME=11.1]</p> <ul style="list-style-type: none"> <li>• Low mental health emergency department rates per 100,000 population [FRA=1,568.5; ME=1,972.1]*</li> <li>• Franklin County fares better than the state on a number of substance use related indicators, including: <ul style="list-style-type: none"> <li>• Lower drug-affected baby referrals received as a percentage of all live births [FRA=2.8%; ME=7.8%]</li> <li>• Low emergency medical service overdose response per 100,000 population [FRA=217.9; ME=391.5]</li> <li>• Low opiate poisoning ED visits rate [FRA=18.7; ME=25.1] as well as hospitalizations rate [FRA=8.8; ME=13.2]</li> <li>• Lower past-30-day marijuana use (Adults) [FRA=4.9%; ME=8.2%]</li> <li>• Low substance-abuse hospital admissions per 100,000 population [FRA=205.9; ME=328.1]*</li> </ul> </li> </ul>	<p>[FRA=431.0; ME=361.3]*</p> <ul style="list-style-type: none"> <li>• High unintentional motor vehicle traffic crash related deaths per 100,000 population [FRA=17.7; ME=10.8]</li> <li>• High infant deaths rate per 1,000 live births [FRA=6.9; ME=6.0]</li> <li>• More low birth weight (&lt;2500 grams) [FRA=7.7%; ME=6.6%]</li> </ul>

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

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

Stakeholder Input - Stakeholder Survey Responses <sup>1</sup>	
Community Challenges	Community Resources
<p>Biggest health issues in Franklin 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"> <li>• Obesity (90%)</li> <li>• Drug and alcohol abuse (86%)</li> </ul>	<p><b>Assets Needed to Address Challenges:</b></p> <ul style="list-style-type: none"> <li>• <b>Obesity/Physical activity and nutrition:</b> Greater access to affordable and healthy food; more programs that support low income families</li> <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 substance abuse treatment</li> </ul>

<sup>1</sup> Results are from the Maine Shared Community Health Needs Assessment Stakeholder Survey, conducted in May-June, 2015.

<ul style="list-style-type: none"> <li>• Physical activity and nutrition (86%)</li> <li>• Cardiovascular diseases (75%)</li> <li>• Mental health (74%)</li> </ul>	<p>providers; additional therapeutic programs</p> <ul style="list-style-type: none"> <li>• <b>Mental health:</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> </ul> <p><b>Assets Available in County/State:</b></p> <ul style="list-style-type: none"> <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> <li>• <b>Drug and alcohol abuse:</b> Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services</li> <li>• <b>Cardiovascular diseases:</b> Hospitals; Primary Care Providers; YMCA’s (Public gyms); Education programs.</li> <li>• <b>Mental health:</b> Mental health/counseling providers and programs</li> </ul>
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**Table 24. Priority Health Factor Strengths and Challenges for Franklin County- Surveillance Data**

<b>Health Factors – Surveillance Data</b>	
<b>Health Factor Strengths</b>	<b>Health Factor Challenges</b>
<ul style="list-style-type: none"> <li>• Fewer adults 65+ living alone [FRA=31.8%; ME=41.2%]</li> <li>• More lead screening among children age 12-23 months [FRA=70.9%; ME=49.2%]*</li> <li>• More lead screening among children age 24-35 months [FRA=52.8%; ME=27.6%]*</li> </ul>	<ul style="list-style-type: none"> <li>• Low median household income [FRA=\$41,626; ME=\$48,453]*</li> <li>• More single-parent families [FRA=39.4%; ME=34.0%]</li> <li>• Higher unemployment rate [FRA=6.6%; ME=5.7%]</li> <li>• More individuals who are unable to obtain or delay obtaining necessary medical care due to cost [FRA=12.8%; ME=11.0%]</li> <li>• Fewer homes with private wells tested for arsenic [FRA=26.7%; ME=43.3%]*</li> <li>• More adults with less than one serving of vegetable per day [FRA=21.0%; ME=17.9%]</li> </ul>

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

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

<b>Stakeholder Input- Stakeholder Survey Responses<sup>2</sup></b>	
<b>Community Challenges</b>	<b>Community Resources</b>
<p>Biggest health factors leading to poor health outcomes in Franklin 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 (95%)</li> <li>• Transportation (81%)</li> <li>• Employment (76%)</li> <li>• Food security (66%)</li> <li>• Access to behavioral care/mental health care (64%)</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>Employment:</b> More job creations; more training; more employment opportunities at livable wages; Greater economic development; more funding for education</li> <li>• <b>Food security:</b> Access to free or reduced meals; Greater access to healthy food and locally grown food; Greater support for food pantries</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>Employment:</b> Adult education centers; career centers</li> <li>• <b>Food security:</b> Local food sources (farms; fisheries; etc.); Farmers markets; Food pantries; SNAP; Local churches; Backpack for hungry kids programs</li> <li>• <b>Access to behavioral care/mental health care:</b> Behavioral/mental health agencies</li> </ul>

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