



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

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

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> <li>• Kennebec County has a lower ambulatory care-sensitive condition hospital admission rate per 100,000 population than the state [KEN=1,390.4; ME=1,499.3]*</li> <li>• Low COPD hospitalizations per 100,000 population [KEN=166.5; ME=216.3]*</li> <li>• Low melanoma incidence per 100,000 population [KEN=15.6; ME=22.2]*</li> <li>• Low hypertension hospitalizations per 100,000 population [KEN=18.4; ME=28.0]*</li> <li>• Lower pre-diabetes prevalence [KEN=5.0%; ME=6.9%]</li> <li>• Kennebec has low incidence rates for:               <ul style="list-style-type: none"> <li>• Past or present hepatitis C virus (HCV) [KEN=39.6; ME=107.1]</li> <li>• Newly reported chronic hepatitis B virus (HBV) [KEN=3.3; ME=8.1]</li> <li>• Pertussis [KEN=14.0; ME=41.9]</li> <li>• Chlamydia [KEN=295.6; US=452.2] and</li> <li>• HIV [KEN=3.3; ME=4.4]</li> </ul> </li> <li>• Low unintentional fall related deaths per 100,000 population [KEN=6.3; US=8.5]</li> <li>• Low binge drinking of alcoholic beverages among high school students [KEN=14.3%; U.S.=20.8%]</li> <li>• In addition, Kennebec fares better than the state on a number of alcohol and substance use related indicators, including:               <ul style="list-style-type: none"> <li>• Lower chronic heavy drinking (Adults)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Kennebec has a high overall mortality rate than the state [KEN=805.1; ME=745.8]*</li> <li>• More adults with current asthma [KEN=12.6%; US=9.0%] as well as more youth (ages 0-17) with current asthma [KEN=10.7%; ME=9.1%]</li> <li>• Kennebec faces a number of cancer related challenges, including:               <ul style="list-style-type: none"> <li>• High all cancers mortality rate [KEN=199.4; ME=185.5]*</li> <li>• High bladder cancer incidence per 100,000 population [KEN=25.4; US=20.2]</li> <li>• High lung cancer incidence per 100,000 population [KEN=78.8; US=58.6]</li> <li>• High prostate cancer mortality per 100,000 population [KEN=27.0; ME=22.1]</li> </ul> </li> <li>• High acute myocardial infarction hospitalizations per 10,000 population [KEN=27.8; ME=23.5]*</li> <li>• High coronary heart disease mortality per 100,000 population [KEN=100.7; ME=89.8]*</li> <li>• High diabetes long-term complication hospitalization rate [KEN=72.3; ME=59.1]*</li> <li>• High diabetes mortality (underlying cause) per 100,000 population [KEN=25.8; ME=20.8]*</li> <li>• More children with unconfirmed elevated blood lead levels (% among those screened) [KEN=5.7%; ME=4.2%]*</li> <li>• High Lyme disease incidence per 100,000 population [KEN=113.9; U.S.=10.5]</li> <li>• Kennebec also has high rates for:               <ul style="list-style-type: none"> <li>• Domestic assaults reports to police</li> </ul> </li> </ul>

## Health Issues - Surveillance Data

<p>[KEN=5.5%; ME=7.3%]*</p> <ul style="list-style-type: none"> <li>• Low opiate poisoning (ED visits) per 100,000 population [KEN=19.6; ME=25.1]</li> <li>• Lower past-30-day alcohol use (High School Students) [KEN=24.0%; US=34.9%]</li> <li>• Lower past-30-day nonmedical use of prescription drugs (Adult) [KEN=0.1%; ME=1.1%]*</li> <li>• Lower past-30-day nonmedical use of prescription drugs (High School Students) [KEN=4.5%; ME=5.6%]</li> </ul>	<p>[KEN=478.3; ME=413.0]</p> <ul style="list-style-type: none"> <li>• Reported rape [KEN=52.0; ME=27.0] and</li> <li>• Violent crime [KEN=146.2; ME=125.0]</li> <li>• High traumatic brain injury related emergency department visits (all intents) per 10,000 population [KEN=100.0; ME=81.4]*</li> <li>• High unintentional and undetermined intent poisoning deaths per 100,000 population [KEN=13.6; ME=11.1]</li> <li>• High unintentional fall related injury emergency department visits per 10,000 population [KEN=400.1; ME=361.3]*</li> <li>• More adults who have ever had depression [KEN=24.1%; U.S.=18.7%]</li> <li>• Fewer live births for which the mother received early and adequate prenatal care [KEN=81.3%; ME=86.4%]*</li> <li>• High live births to 15-19 year olds per 1,000 population [KEN=23.7; ME=20.5]</li> <li>• High prescription Monitoring Program opioid prescriptions (days supply/pop) [KEN=9.5; ME=6.8]</li> </ul>
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Asterisk (\*) indicates a statistically significant difference between Kennebec County and Maine  
 All rates are per 100,000 population unless otherwise noted.

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

Stakeholder Input - Stakeholder Survey Responses <sup>1</sup>	
Community Challenges	Community Resources
<p>Biggest health issues in Kennebec 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>• Drug and alcohol abuse (80%)</li> <li>• Obesity (80%)</li> <li>• Mental health (76%)</li> </ul>	<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 substance abuse treatment providers; additional therapeutic 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>

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

## Stakeholder Input - Stakeholder Survey Responses<sup>1</sup>

<ul style="list-style-type: none"> <li>• Depression (72%)</li> <li>• Physical activity and nutrition (71%)</li> </ul>	<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> </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>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>Mental health/Depression:</b> Mental health/counseling providers and programs</li> </ul>
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**Table 24. Priority Health Factor Strengths and Challenges for Kennebec County-Surveillance Data**

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> <li>• Fewer individuals who are unable to obtain or delay obtaining necessary medical care due to cost [KEN=10.4%; U.S.=15.3%]</li> <li>• More homes with private wells tested for arsenic [KEN=56.5%; ME=43.3%]*</li> <li>• Fewer immunization exemptions among kindergarteners for philosophical reasons [KEN=3.1%; ME=3.7%]</li> </ul>	<ul style="list-style-type: none"> <li>• Low median household income [KEN=\$46,808; ME=\$48,453]*</li> <li>• Lower lead screening among children age 12-23 months [KEN=37.9%; ME=49.2%]*</li> </ul>

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

**Table 25. Priority Health Factor Challenges and Resources for Kennebec 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 Kennebec 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 (75%)</li> <li>• Access to behavioral care/mental health care (68%)</li> <li>• Health care insurance (65%)</li> <li>• Transportation (61%)</li> <li>• Health literacy (60%)</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>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> <li>• <b>Health care insurance:</b> Expansion of Medicaid; making insurance more affordable; universal health care; more stable health care system</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> </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>Health care insurance:</b> MaineCare; free care</li> <li>• <b>Health literacy:</b> Hospital systems; primary care providers; social service agencies</li> </ul>

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