



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

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

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> <li>• Knox has a lower overall mortality rate than the state [KNOX=672.3; ME=745.8]*</li> <li>• Low asthma emergency department visits per 10,000 population [KNOX=60.8; ME=67.3]*</li> <li>• Low COPD hospitalizations per 100,000 population [KNOX=153.7; ME=216.3]*</li> <li>• Low pneumonia emergency department rate per 100,000 population [KNOX=516.9; ME=719.9]*</li> <li>• Low colorectal cancer mortality rate [KNOX=11.7; ME=16.1] and incidence [KNOX=36.6; ME=43.5]</li> <li>• Low acute myocardial infarction hospitalizations per 10,000 population [KNOX=18.4; ME=23.5]*</li> <li>• Low coronary heart disease mortality per 100,000 population [KNOX=65.6; ME=89.8]*</li> <li>• Low hypertension hospitalizations per 100,000 population [KNOX=19.8; ME=28.0]</li> <li>• Lower diabetes prevalence (ever been told) [KNOX=8.0%; ME=9.6%]</li> <li>• Low diabetes emergency department visits (principal diagnosis) per 100,000 population [KNOX=161.7; ME=235.9]*</li> <li>• Low diabetes mortality (underlying cause) per 100,000 population [KNOX=16.9; ME=20.8]</li> <li>• Fewer children with unconfirmed elevated blood lead levels (% among those screened) [KNOX=2.0%; ME=4.2%]*</li> <li>• Knox County has low incidence rates for:               <ul style="list-style-type: none"> <li>• Newly reported chronic hepatitis B virus (HBV) [KNOX=2.5; ME=8.1]</li> <li>• Chlamydia [KNOX=128.5; ME=265.5] and</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Knox County faces a number of cancer related challenges, including:               <ul style="list-style-type: none"> <li>• High bladder cancer incidence per 100,000 population [KNOX=28.3; U.S.=20.2]</li> <li>• High female breast cancer mortality per 100,000 population [KNOX=24.1; ME=20.0]</li> <li>• High breast cancer late-stage incidence (females only) per 100,000 population [KNOX=49.6; ME=41.6]</li> <li>• High melanoma incidence per 100,000 population [KNOX=34.5; ME=22.2]*</li> <li>• High prostate cancer incidence per 100,000 population [KNOX=162.1; ME=133.8]*</li> </ul> </li> <li>• More children with confirmed elevated blood lead levels (% among those screened) [KNOX=5.0%; ME=2.5%]*</li> <li>• High incidence rates for:               <ul style="list-style-type: none"> <li>• Past or present hepatitis C virus (HCV) [KNOX=221.8; ME=107.1]</li> <li>• Lyme disease [KNOX=267.2; ME=105.3] and</li> <li>• Pertussis [KNOX=45.4; U.S.=10.3]</li> </ul> </li> <li>• High unintentional fall related injury emergency department visits per 10,000 population [KNOX=416.5; ME=361.3]*</li> <li>• High unintentional motor vehicle traffic crash related deaths per 100,000 population [KNOX=14.8; ME=10.8]</li> <li>• More adults who have ever had depression [KNOX=24.0%; U.S.=18.7%]</li> <li>• High live births to 15-19 year olds per 1,000 population [KNOX=24.5; ME=20.5]</li> <li>• Knox also faces a number of alcohol and substance use related challenges, including:</li> </ul>

## Health Issues - Surveillance Data

Health Successes	Health Challenges
<ul style="list-style-type: none"> <li>• HIV [KNOX=2.5; ME=4.4]</li> <li>• Low HIV/AIDS hospitalization rate per 100,000 population [KNOX=13.3; ME=21.4]</li> <li>• Knox also has low rates for:               <ul style="list-style-type: none"> <li>• Domestic assaults reports to police [KNOX=330.9; ME=413.0], reported rape [KNOX=10.1; ME=27.0] and violent crime [KNOX=63.2; ME=125.0]</li> </ul> </li> <li>• Low traumatic brain injury related emergency department visits (all intents) per 10,000 population [KNOX=64.5; ME=81.4]*</li> <li>• Low unintentional fall related deaths per 100,000 population [KNOX=6.0; U.S.=8.5]</li> <li>• Lower co-morbidity for persons with mental illness [KNOX=26.2%; ME=35.2%]</li> <li>• Low alcohol-induced mortality per 100,000 population [KNOX=6.8; ME=8.0]</li> <li>• Lower drug-affected baby referrals received as a percentage of all live births [KNOX=5.7%; ME=7.8%]</li> <li>• Low emergency medical service overdose response per 100,000 population [KNOX=259.6; ME=391.5]</li> </ul>	<ul style="list-style-type: none"> <li>• More chronic heavy drinking (Adults) [KNOX=8.3%; U.S.=6.2%]</li> <li>• High opiate poisoning (ED visits) per 100,000 population [KNOX=31.4; ME=25.1]</li> <li>• High opiate poisoning (hospitalizations) per 100,000 population [KNOX=26.2; ME=13.2]*</li> <li>• More past-30-day marijuana use (Adults) [KNOX=10.4%; ME=8.2%]</li> <li>• More past-30-day nonmedical use of prescription drugs (Adults) [KNOX=2.4%; ME=1.1%]</li> <li>• High substance-abuse hospital admissions per 100,000 population [KNOX=518.0; ME=328.1]*</li> </ul>

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

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

<b>Stakeholder Input - Stakeholder Survey Responses<sup>1</sup></b>	
Community Challenges	Community Resources
<p>Biggest health issues in Knox 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 (78%)</li> <li>• Mental health (70%)</li> <li>• Depression (63%)</li> <li>• Diabetes (59%)</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:</b> Greater access to affordable and healthy food; more programs that support low income families</li> <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>Diabetes:</b> More funding</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:</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> <li>• <b>Diabetes:</b> National Diabetes Prevention Program; Free screenings; YMCA's (Public gyms); Education programs; School nutrition programs; Diabetes and Nutrition Center; Maine CDC DPCP</li> </ul>

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

<b>Health Factors – Surveillance Data</b>	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> <li>• Fewer adults living in poverty [KNOX=10.8%; ME=13.6%]*</li> <li>• Fewer children living in poverty [KNOX=14.6%; ME=18.5%]</li> <li>• Lower fruit consumption among Adults 18+ (less than one serving per day) [KNOX=27.9%;</li> </ul>	<ul style="list-style-type: none"> <li>• More percent uninsured [KNOX=13.0%; ME=10.4%]*</li> <li>• Lower lead screening among children age 12-23 months [KNOX=32.8%; ME=49.2%]*</li> <li>• Lower lead screening among children age 24-35 months [KNOX=14.4%; ME=27.6%]*</li> </ul>

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

<p>ME=34.0%]</p> <ul style="list-style-type: none"> <li>• Lower vegetable consumption among Adults 18+ (less than one serving per day) [KNOX=14.9%; ME=17.9%]</li> <li>• Less obesity (Adults) [KNOX=24.3%; ME=28.9%]</li> </ul>	<ul style="list-style-type: none"> <li>• More immunization exemptions among kindergarteners for philosophical reasons [KNOX=5.7%; ME=3.7%]</li> <li>• More current smoking (Adults) [KNOX=24.5%; ME=20.2%]</li> </ul>
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Asterisk (\*) indicates a statistically significant difference between Knox County and Maine  
All rates are per 100,000 population unless otherwise noted

**Table 25. Priority Health Factor Challenges and Resources for Knox 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 Knox 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>• Access to behavioral care/mental health care (68%)</li> <li>• Health literacy (66%)</li> <li>• Health care insurance (65%)</li> <li>• Poverty (64%)</li> <li>• Food security (56%)</li> </ul>	<p><b>Assets Needed to Address Challenges:</b></p> <ul style="list-style-type: none"> <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>Poverty:</b> Greater economic development; increased mentoring services; more skills trainings; more employment opportunities at livable wages; better transportation; better 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> </ul> <p><b>Assets Available in County/State:</b></p> <ul style="list-style-type: none"> <li>• <b>Access to behavioral care/mental health care:</b> Behavioral/mental health agencies</li> <li>• <b>Health literacy:</b> Hospital systems; primary care providers; social service agencies</li> <li>• <b>Health care insurance:</b> MaineCare; ObamaCare (Affordable Care Act); Free care</li> <li>• <b>Poverty:</b> General Assistance; other federal, state and local programs</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> </ul>

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