



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

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

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> Oxford has fewer adults with current asthma [OXF=9.3%; ME=11.7%] as well as fewer youth (0-17) with current asthma [OXF=7.0%; ME=9.1%] Low prostate cancer mortality per 100,000 population [OXF=17.4; ME=22.1] Low acute myocardial infarction hospitalizations per 10,000 population [OXF=20.3; ME=23.5]* Low hypertension hospitalizations per 100,000 population [OXF=13.0; ME=28.0]* Low stroke hospitalizations per 10,000 population [OXF=16.7; ME=20.8]* Oxford County has low incidence rates for: <ul style="list-style-type: none"> Past or present hepatitis C virus (HCV) [OXF=85.6; ME=107.1] Newly reported chronic hepatitis B virus (HBV) [OXF=0.0; ME=8.1] Lyme disease [OXF=73.4; ME=105.3] Pertussis [OXF=28.0; ME=41.9] Chlamydia [OXF=218.4; ME=265.5] and HIV [OXF=0.0; ME=4.4] Low violent crime rate per 100,000 population [OXF=99.5; ME=125.0] Low traumatic brain injury related emergency department visits (all intents) per 10,000 population [OXF=58.4; ME=81.4]* Low unintentional and undetermined intent poisoning deaths per 100,000 population [OXF=7.5; ME=11.1] Low alcohol-induced mortality per 100,000 population [OXF=6.8; ME=8.0] 	<ul style="list-style-type: none"> Oxford has a higher overall mortality rate than the state [OXF=794.2; ME=745.8]* High ambulatory care-sensitive condition hospital admission rate per 100,000 population [OXF=1,807.0; ME=1,499.3]* High asthma emergency department visits per 10,000 population [OXF=73.9; ME=67.3]* More adults diagnosed with COPD [OXF=8.8%; ME=7.6%] High COPD hospitalizations per 100,000 population [OXF=277.3; ME=216.3]* High pneumonia emergency department rate per 100,000 population [OXF=1,166.0; ME=719.9]* High pneumonia hospitalizations per 100,000 population [OXF=404.4; ME=329.4]* High bladder cancer incidence per 100,000 population [OXF=27.8; US=20.2] High lung cancer mortality per 100,000 population [OXF=59.2; US=46.0] High lung cancer incidence per 100,000 population [OXF=78.0; US=58.6] High tobacco-related neoplasms, mortality per 100,000 population [OXF=44.9; ME=37.4] High diabetes emergency department visits (principal diagnosis) per 100,000 population [OXF=327.1; ME=235.9]* High diabetes hospitalizations (principal diagnosis) per 10,000 population [OXF=13.6; ME=11.7] High diabetes mortality (underlying cause) per 100,000 population [OXF=25.6; ME=20.8] More children with unconfirmed elevated blood lead

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> • Low drug-induced mortality per 100,000 population [OXF=8.0; ME=12.4] • Low emergency medical service overdose response per 100,000 population [OXF=326.7; ME=391.5] • Low opiate poisoning (ED visits) per 100,000 population [OXF=16.7; ME=25.1] 	<p>levels (% among those screened) [OXF=6.5%; ME=4.2%]*</p> <ul style="list-style-type: none"> • High reported rape per 100,000 population [OXF=45.4; ME=27.0] • High unintentional fall related deaths per 100,000 population [OXF=8.3; ME=6.8] • High unintentional fall related injury emergency department visits per 10,000 population [OXF=421.9; ME=361.3]* • High unintentional motor vehicle traffic crash related deaths per 100,000 population [OXF=15.4; ME=10.8] • More co-morbidity for persons with mental illness [OXF=43.4%; ME=35.2%] • More past-30-day marijuana use (High School Students) [OXF=26.8%; ME=21.6%]* • More past-30-day nonmedical use of prescription drugs (Adult) [OXF=1.7%; ME=1.1%] • High prescription Monitoring Program opioid prescriptions (days supply/pop) [OXF=8.0; ME=6.8]

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

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

Stakeholder Input - Stakeholder Survey Responses ¹	
Community Challenges	Community Resources
<p>Biggest health issues in Oxford 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"> • Drug and alcohol abuse (91%) • Physical activity and nutrition (85%) • Mental health (84%) • Obesity (81%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • 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 • Physical activity and nutrition/obesity: Greater access to affordable and healthy food; more programs that support low income families • Mental health: More mental health professionals; more community-based services; better funding and support; greater

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

<ul style="list-style-type: none"> • Diabetes (76%) 	<p>access to inpatient care; readily available information about resources; transitional programs</p> <ul style="list-style-type: none"> • Diabetes: More funding <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • Drug and alcohol abuse: Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services • Physical activity and nutrition/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 • Mental health: Mental health/counseling providers and programs • Diabetes: National Diabetes Prevention Program; Free screenings; YMCA's (Public gyms); Education programs; School nutrition programs; Diabetes and Nutrition Center; Maine CDC DPCP
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Table 24. Priority Health Factor Strengths and Challenges for Oxford County-Surveillance Data

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> • More lead screening among children age 12-23 months [OXF=63.9%; ME=49.2%]* • More lead screening among children age 24-35 months [OXF=47.6%; ME=27.6%]* • Fewer adults eating less than 1 servings of vegetables per day [OXF=15.3%; U.S.=22.9%] 	<ul style="list-style-type: none"> • Low median household income [OXF=\$40,674; ME=\$48,453]* • Higher unemployment rate than the state [OXF=7.0%; ME=5.7%] • More individuals who are unable to obtain or delay obtaining necessary medical care due to cost [OXF=13.0%; ME=11.0%] • Higher percent of uninsured [OXF=11.8%; ME=10.4%]* • More immunization exemptions among kindergarteners for philosophical reasons [OXF=5.3%; ME=3.7%] • Fewer high school students who always wear seatbelt [OXF=56.9%; ME=61.6%]* • Lower fruit and vegetable consumption among high school students [OXF=13.8%; ME=16.8%]* • More soda/sports drink consumption among high school students [OXF=28.4%; ME=26.2%]* • More obesity among high school students [OXF=15.7%; ME=12.7%] • More current cigarette smoking among adults [OXF=26.8%; ME=20.2%]

	<ul style="list-style-type: none"> • More current tobacco use [OXF=21.1%; ME=18.2%] and secondhand smoke exposure among high school students [OXF=48.1%; ME=38.3%]*
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 All rates are per 100,000 population unless otherwise noted

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

Stakeholder Input- Stakeholder Survey Responses ²	
Community Challenges	Community Resources
<p>Biggest health factors leading to poor health outcomes in Oxford 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"> • Poverty (89%) • Transportation (87%) • Employment (76%) • Health care insurance (66%) • Health literacy (65%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • Poverty: Greater economic development; increased mentoring services; more skills trainings; more employment opportunities at livable wages; better transportation; better education • 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 • Employment: More job creations; more training; more employment opportunities at livable wages; greater economic development; more funding for education • Health care insurance: Expansion of Medicaid; making insurance more affordable; universal health care; more stable health care system <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • 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 • Health literacy: Hospital systems; primary care providers; social service agencies

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