



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

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

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> • Low asthma emergency department visits per 10,000 population [PEN=55.5; ME=67.3]* • Low pneumonia emergency department rate per 100,000 population [PEN=570.6; ME=719.9]* • Lower percentage of children with confirmed elevated blood lead levels [PEN=1.6%; ME=2.5%]* and unconfirmed elevated blood lead levels (% among those screened) [PEN=2.1%; ME=4.2%]* • Penobscot has a lower unintentional fall related injury emergency department visits per 10,000 population [PEN=303.3; ME=361.3]* than the state. • Lower chronic heavy drinking rate among adults [PEN=5.6%; ME=7.3%]* • Low substance abuse hospital admissions [PEN=150.2; ME=328.1]* • Low mental health emergency department rates [PEN=1,830.4; ME=1,972.1]* • Penobscot has a higher percentage mothers receiving early and adequate prenatal care [PEN=90.9%; ME=86.4%]* • Low Lyme disease incidence per 100,000 population [PEN=32.6; ME=105.3] • Low incidence of newly reported chronic hepatitis B virus (HBV) per 100,000 population [PEN=3.9; ME=8.1] • Low HIV/AIDS hospitalization rate per 100,000 population [PEN=16.2; ME=21.4] • Less domestic assaults reports to police per 100,000 population [PEN=321.2; ME=413.0] as well as low rates of reported rape [PEN=15.0; ME=27.0] and violent crime [PEN=91.2; ME=125.0] 	<ul style="list-style-type: none"> • Penobscot has a higher age-adjusted overall mortality rate per 100,000 population [PEN=797.5; ME=745.8]* than the state. • More adults rate their health fair to poor [PEN=18.3%; ME=15.6%]* • High ambulatory care-sensitive condition hospital admission rate per 100,000 population [PEN=1,981.9; ME=1,499.3]* • Penobscot faces a number of cardiovascular health challenges, including: <ul style="list-style-type: none"> • High acute myocardial infarction hospitalizations per 10,000 population [PEN=27.1; ME=23.5]* • High acute myocardial infarction mortality per 100,000 population [PEN=41.9; ME=32.2]* • High coronary heart disease mortality per 100,000 population [PEN=105.5; ME=89.8]* • High heart failure hospitalizations per 10,000 population [PEN=27.5; ME=21.9]* • More high cholesterol [PEN=42.1%; U.S.=31.7%] • High hypertension hospitalizations per 100,000 population [PEN=43.2; ME=28.0]* • High stroke hospitalizations per 10,000 population [PEN=27.4; ME=20.8]* • High COPD hospitalizations per 100,000 population [PEN=307.1; ME=216.3]* • High percentage of current asthma among adults [PEN=13.4%; U.S.=9.0%] and youth ages 0-17 years [PEN=10.9%; ME=9.1%] • High pneumonia hospitalizations per 100,000 population [PEN=424.3; ME=329.4]* • Penobscot has a high all-cancer incidence rate per 100,000 population [PEN=529.9; ME=500.1]* • High lung cancer incidence [PEN=89.8; ME=75.5]* and mortality per 100,000 population [PEN=61.2; ME=54.3]*

Health Issues - Surveillance Data	
Health Successes	Health Challenges
	<ul style="list-style-type: none"> • Penobscot faces a number of diabetes-related challenges, including: <ul style="list-style-type: none"> • High diabetes hospitalizations (principal diagnosis) per 10,000 population [PEN=14.3; ME=11.7]* • High diabetes long-term complication hospitalizations [PEN=80.0; ME=59.1]* • High diabetes mortality (underlying cause) per 100,000 population [PEN=26.4; ME=20.8]* • High traumatic brain injury emergency department visits per 10,000 population [PEN=89.8; ME=81.4]* • More drug affected baby referrals received [PEN=16.0%; ME=7.8%] • High emergency medical service overdose response [PEN=593.8; ME=391.5] • Higher rates of opiate poisoning (hospitalizations) [PEN=18.2; ME=13.2] • More adults who have ever had depression [PEN=25.8%; U.S.=18.7%] • High incidence rates for pertussis [PEN=63.2; ME=41.9] and chlamydia [PEN=350.0; ME=265.5]

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

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

Stakeholder Input - Stakeholder Survey Responses ¹	
Community Challenges	Community Resources
<p>Biggest health issues in Penobscot County according to stakeholders (% of those rating issue as a major or critical problem in their area).</p> <ul style="list-style-type: none"> • Drug and alcohol abuse (82%) • Obesity (75%) • Physical activity and nutrition (65%) • Mental health (65%) • Cardiovascular diseases (63%) 	<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 • Obesity/ Physical activity and nutrition: 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 access to inpatient care; readily available information about resources; transitional programs

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

	<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 • Obesity/ Physical activity and nutrition: 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/depression: Mental health/counseling providers and programs • Cardiovascular diseases: Hospitals; Primary Care Providers; YMCA’s (Public gyms); Education programs
--	--

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

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> • Lower percentage of individuals who are unable to obtain or delay obtaining necessary medical care due to cost [PEN=11.0%; U.S.=15.3%] • Higher percentage of lead screening among children age 12-23 months [PEN=52.8%; ME=49.2%]* and children age 24-35 months [PEN=31.5%; ME=27.6%]* • Fewer immunization exemptions among kindergarteners for philosophical reasons [PEN=2.9%; ME=3.7%] 	<ul style="list-style-type: none"> • More adults living in poverty [PEN=17.0%; ME=13.6%]* • Lower median household income [PEN=\$43,734; ME=\$48,453]* • Lower percentage of homes with private wells tested for arsenic [PEN=35.5%; ME=43.3%]* • More adults leading a sedentary lifestyle – no leisure-time physical activity in past month [PEN=25.8%; ME=22.4%]* • Less fruit and vegetable consumption among high school students) [PEN=13.5%; ME=16.8%]* • Higher levels of obesity among high school students [PEN=14.8%; ME=12.7%]

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

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

Stakeholder Input- Stakeholder Survey Responses²	
Community Challenges	Community Resources
<p>Biggest health factors leading to poor health outcomes in Penobscot 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 (74%) • Access to behavioral care/mental health care (63%) • Employment (62%) • Health care insurance (62%) • Health literacy (59%) 	<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 • 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 • 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 • Access to behavioral care/mental health care: Behavioral/mental health agencies • 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.