

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

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

Health Issues – Surveillance Data			
Health Successes	Health Challenges		
 Lower percentage of current asthma among youth ages 0-17 years [PSC=7.4%; ME=9.1%] 	• Piscataquis has a higher overall age-adjusted mortality rate per 100,000 population [PSC=847.4; ME=745.8]* than the state.		
 Low incidence rates for bladder cancer 23.2; ME=28.3], melanoma [PSC=17.6; ME=22.2] and prostate cancer [PSC=87.5; 	 High ambulatory care-sensitive condition hospital admission rate per 100,000 population [PSC=2,095.3; ME=1,499.3]* 		
 ME=133.8]* Fewer babies born with low birth weight (<2500 grams) [PSC=4.7%; ME=6.6%] 	Piscataquis also faces several respiratory health related challenges, including:		
 Piscataquis has less domestic assaults reports to police per 100,000 population [PSC=326.0; ME=413.0] and less reported rape per 100,000 population [PSC=0.0; ME=27.0] 	 Higher percentage of adults diagnosed for COPD [PSC=9.2%; ME=7.6%] and higher COPD hospitalizations per 100,000 population [PSC=312.4; ME=216.3]* than the state. High pneumonia emergency department rate per 100,000 population [PSC=990.1; ME=719.9]* 		
 Low rates of motor vehicle crash related deaths per 100,000 population 8.2; ME=10.8] 	 High pneumonia hospitalizations per 100,000 population [PSC=408.5; ME=329.4] High incidence rates for female breast late stage cancer 		
 Low emergency medical service overdose response [252.6; ME=391.5] 	[PSC=54.1; ME=41.6] and lung cancer [PSC=81.6; U.S.=58.6]		
 Lower binge drinking of alcoholic beverages among high school students [PSC=12.2%; ME=14.8%] 	 More diabetes prevalence [PSC=12.1%; ME=9.6%] as well as high diabetes emergency department visits per 100,000 population 337.4; ME=235.9]* 		
 Among high school students, lower past- 30 day marijuana use [PSC=15.8%; 	 Piscataquis faces a number of cardiovascular health related challenges, including: 		
ME=21.6%] and nonmedical use of prescription drugs [PSC=3.9%; ME=5.6%]*	 High acute myocardial infarction hospitalizations per 10,000 population [PSC=30.9; ME=23.5]* 		
 Low substance abuse hospital admissions 88.6; ME=328.1]* 	 High acute myocardial infarction mortality per 100,000 population [PSC=50.8; ME=32.2]* High coronary heart disease mortality per 100,000 		
 Low incidence of past or present hepatitis C virus (HCV) infection per 100,000 population [PSC=52.9; ME=107.1] 	 High coronary heart disease mortality per 100,000 population [PSC=110.6; ME=89.8]* High stroke hospitalizations per 10,000 population [PSC=25.0; ME=20.8]* as well as high stroke mortality per 		
• Piscataquis has low incidence rates for Lyme disease [PSC=11.7; ME=105.3], chlamydia [PSC=211.4; ME=265.5] and	 PSC=25.0; ME=20.8]* as well as high stroke mortality per 100,000 population [PSC=44.4; ME=35.0] High firearm deaths per 100,000 population [PSC=18.4; ME=9.2]* as well as high violent crime rate per 100,000 		

Health Issues – Surveillance Data		
Health Successes	Health Challenges	
HIV [PSC=0.0; ME=4.4]	population [PSC=209.6; ME=125.0]	
	 High rate of suicide deaths per 100,000 population 21.8; ME=15.2] 	
	 More children with confirmed elevated blood lead levels (% among those screened) [PIS=5.5%; ME=2.5%]* 	
	 High rates of alcohol-induced mortality [PSC=10.6; ME=8.0] 	
	 More drug affected baby referrals received [PSC=11.9%; ME=7.8%] 	
	 High rates of opiate poisoning ED visits [PSC=29.8; ME=25.1] and hospitalizations [PSC=22.6; ME=13.2] 	
	 High Prescription Monitoring Program opioid prescriptions (Days supply/population) [PSC=8.2; ME=6.8] 	
	 High mental health emergency department rates [PSC=2,238.8; ME=1,972.1]* 	
	• High incidence of newly reported chronic hepatitis B virus (HBV) infections [PSC=11.7; ME=8.1] and pertussis incidence per 100,000 population [PSC=164.5; ME=41.9]	

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

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

Stakeholder Input - Stakeholder Survey Responses ¹		
Community Challenges	Community Resources	
	Assets Needed to Address Challenges:	
 Biggest health issues in Piscataquis County according to stakeholders (% of those rating issue as a major or critical problem in their area). Obesity (72%) Depression (72%) Drug and alcohol abuse (70%) Respiratory diseases (69%) Mental health (67%) 	• Obesity: Greater access to affordable and healthy food; more programs that support low income families	
	• Depression/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	
	• Drug and alcohol abuse: Greater access to drug/alcohol treatments; greater access to substance abuse prevention programs; free or low-cost	

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

treatments for the uninsured; more substance abuse treatment providers; additional therapeutic programs Assets Available in County/State:
 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
• Drug and alcohol abuse: Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services
• Depression/ Mental health: Mental health/counseling providers and programs

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

Health Factors – Surveillance Data		
Health Factor Strengths	Health Factor Challenges	
 Fewer individuals who are unable to obtain or delay obtaining necessary medical care due to cost [PSC=10.9%; U.S.=15.3%] 	 Piscataquis has a number of socioeconomic challenges, including a higher unemployment rate [PSC=7.5%; ME=5.7%] than the state, more adults living in poverty [PSC=18.5%; ME=13.6%]*, more children living in poverty [PSC=28.9%; ME=18.5%]*, a lower median household income [PSC=\$36,646; ME=\$48,453] and more single parent families [PSC=40.8%; ME=34.0%] 	
	 Piscataquis has a higher percentage of uninsured people that the state [PSC=14.4%; ME=10.4%]* 	
	 Lower always wear seatbelts among youth [PSC=49.6%; ME=61.6%]* 	
	 More adults with sedentary lifestyle – no leisure-time physical activity in past month [PSC=28.2%; ME=22.4%]* 	
	• Lower fruit and vegetable consumption among high school students [PSC=15.6%; ME=16.8%]*	
	 A higher percentage of children with elevated blood lead levels (among those screened) [PSC=5.5%; ME=2.5%]* 	
	 Fewer homes with private wells tested for arsenic [PSC=33.7%; ME=43.3%] and lower levels of lead screening among children age 12-23 months [PSC =42.3%; ME=49.2%]* and children age 24-35 months [PSC =22.6%; ME=27.6%]* 	
	 More immunization exemptions among kindergarteners for philosophical reasons [PSC=4.8%; ME=3.7%] 	
	 Higher current cigarette smoking rate among adults [PSC=24.5%; ME=20.2%] and high school students [PSC=15.1%; ME=12.9%] 	
	 More secondhand smoke exposure among youth [PSC=46.1%; 	

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

Stakeholder Input- Stakeholder Survey Responses ²		
unity Resources		
Jeeded to Address Challenges: ty: Greater economic development; increased pring services; more skills trainings; more pyment opportunities at livable wages; better portation; better education pyment: More job creations; more training; more pyment opportunities at livable wages; greater mic development; more funding for education portation: More/better transportation systems; r access to public transportation; additional ng for organizations that help with rides to cal appointments; additional resources for bortation for the elderly and disabled security: Access to free or reduced meals; greater st to healthy food and locally grown food; Greater ort for food pantries available in County/State: ty: General Assistance; other federal, state and borograms pyment: Adult education centers; career centers security: Local food sources (farms; fisheries; Farmers markets; Food pantries; SNAP; Local hes; Backpack for hungry kids programs ng stability: Maine Affordable Housing Coalition; heome housing/section 8 programs		

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