



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

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

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> • Lower percentage of current asthma among children [SAG=6.7%; ME=9.1%] and asthma emergency department visits per 10,000 population [SAG=50.5; ME=67.3]* • Lower pneumonia emergency department rate [SAG=458.8; ME=719.9]* and hospitalizations per 100,000 population [SAG=236.5; ME=329.4]* • Low incidence of many cancers per 100,000 population, including all cancer sites [SAG=453.8; ME=500.1]*, colorectal late-stage cancer [SAG=18.5; ME=22.7], colorectal cancer [SAG=36.2; ME=43.5] and lung cancer [SAG=55.3; ME=75.5]* • Low rates of some cardiovascular disease, including: <ul style="list-style-type: none"> • Acute myocardial infarction mortality per 100,000 population [SAG=25.1; ME=32.2] • Coronary heart disease mortality per 100,000 population [SAG=76.1; ME=89.8] • Heart failure hospitalizations per 10,000 population [SAG=17.5; ME=21.9]* • Low diabetes mortality (underlying cause) per 100,000 population [SAG=12.6; ME=20.8]* • The county has low incidence some infectious and sexually transmitted diseases per 100,000 population, including newly reported cases of past or present hepatitis C virus (HCV) infections [SAG=28.5; ME=107.1], chronic hepatitis B virus (HBV) infections [SAG=0.0; ME=8.1], pertussis [SAG=25.7; ME=41.9], chlamydia [SAG=219.7; ME=265.5] and HIV [SAG=0.0; ME=4.4] • Sagadahoc compares favorably to the state in terms of crime, including a low rate of domestic assaults reports to police [SAG=185.5; ME=413.0], reported rape [SAG=20.0; ME=27.0] and violent crime rate per 100,000 population [SAG=59.9; ME=125.0] • Fewer firearm deaths [SAG=6.5; ME=9.2], unintentional and undetermined intent poisoning deaths [SAG=7.1; 	<ul style="list-style-type: none"> • More current asthma among adults [SAG=12.6%; U.S.=9.0%] • Higher levels of hypertension prevalence among adults [SAG=42.3%; ME=32.8%]* and hypertension hospitalizations per 100,000 population [SAG=35.8; ME=28.0] • High stroke mortality per 100,000 population [SAG=50.7; ME=35.0]* • High rates of diabetes hospitalizations (principal diagnosis) per 10,000 population [SAG=14.5; ME=11.7]* and diabetes long-term complication hospitalizations [SAG=90.8; ME=59.1]* per 100,000 population • More children with confirmed elevated blood lead levels (% among those screened) [SAG=3.3%; ME=2.5%] • High Lyme disease incidence per 100,000 population [SAG=182.6; ME=105.3] • High traumatic brain injury related emergency department visits (all intents) per 10,000 population [SAG=96.7; ME=81.4]* • More adults who have ever had depression compared to nationally [SAG=24.2%; U.S.=18.7%] • Higher percentage of high school students felt sad/hopeless for two weeks in a row [SAG=29.6%; ME=24.3%]* • More high school students seriously considered suicide [SAG=19.7%; ME=14.6%]* • Higher rates of past 30-day substance and alcohol use among high school students, including alcohol SAG=29.0%; ME=26.0%]*, inhalants [SAG=3.7%; ME=3.2%], marijuana

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<p>ME=11.1], unintentional fall related deaths [SAG=5.4; ME=6.8] and unintentional motor vehicle traffic crash related deaths per 100,000 population [SAG=9.1; ME=10.8]</p> <ul style="list-style-type: none"> • Fewer babies born with a low birth weight (<2500 grams) [SAG=5.2%; ME=6.6%] and lower rates of drug-affected baby referrals received as a percentage of all live births [SAG=2.2%; ME=7.8%] • Low rates of emergency medical service overdose response per 100,000 population [SAG=254.0; ME=391.5] • Lower substance-abuse hospital admissions per 100,000 population [SAG=208.2; ME=328.1]* 	<p>[SAG=28.0%; ME=21.6%] and prescription drugs [SAG=7.9%; ME=5.6%]*</p>

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

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

Stakeholder Input - Stakeholder Survey Responses ¹	
Community Challenges	Community Resources
<p>Biggest health issues in Sagadahoc 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"> • Obesity (77%) • Drug and alcohol abuse (75%) • Tobacco use (69%) • Mental health (67%) • Physical activity and nutrition (67%) 	<p>Assets Needed to Address Challenges:</p> <ul style="list-style-type: none"> • Obesity/ Physical activity and nutrition: Greater access to affordable and healthy food; more programs that support low income families • 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 • 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 <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • 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

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

	<ul style="list-style-type: none"> • Drug and alcohol abuse: Maine Alcoholics Anonymous; Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services • Mental health: Mental health/counseling providers and programs
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Table 24. Priority Health Factor Strengths and Challenges for Sagadahoc County- Surveillance Data

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> • Sagadahoc fairs better than the state on a number of socioeconomic factors, including: <ul style="list-style-type: none"> • Fewer adults living in poverty [SAG=11.1%; ME=13.6%]* • Higher median household income [SAG=\$56,733; ME=\$48,453]* • Fewer single-parent families [SAG=27.5%; ME=34.0%] • Lower unemployment rate [SAG=4.6%; ME=5.7%] • Fewer individuals who are unable to obtain or delay obtaining necessary medical care due to cost [SAG=10.2%; U.S.=15.3%] • Lower percentage uninsured [SAG=8.0%; ME=10.4%]* • More adults immunized annually for influenza [SAG=47.0%; ME=41.5%]* • Lower rates of immunization exemptions among kindergarteners for philosophical reasons [SAG=3.0%; ME=3.7%] • More fruit and vegetable consumption among high school students [SAG=21.3%; ME=16.8%]* • Fewer adults 18+ eat less than one serving of vegetables per day [SAG=16.6%; U.S.=22.9%] • Lower obesity rates among adults [SAG=24.4%; ME=28.9%] 	<ul style="list-style-type: none"> • Lower percentage of lead screening among children age 12-23 months [SAG=33.3%; ME=49.2%]* and children age 24-35 months [SAG=12.3%; ME=27.6%]* • Higher percentage of high school students currently smoke [SAG=18.7%; ME=12.9%] and currently use tobacco [SAG=24.0%; ME=18.2%]*

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All rates are per 100,000 population unless otherwise noted*

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

Stakeholder Input- Stakeholder Survey Responses ²	
Community Challenges	Community Resources
<p>Biggest health factors leading to poor health outcomes in Sagadahoc 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 (63%) • Access to behavioral care/mental health care (63%) • Transportation (61%) • Health literacy (61%) • Access to oral health (57%) 	<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 • 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 <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 • 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.