Maine SHNAPP
Shared Health Needs Assessment
& Planning Process

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

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

Health Issues - Surveillance Data	
Health Successes	**Health Challenges**
• Lower percentage of adults with 14+ days lost due to poor mental health [WAL=9.7%; ME=12.4%]	• High pneumonia emergency department rate per 100,000 population [WAL=919.2; ME=719.9]*
• Fewer asthma emergency department visits per 10,000 population [WAL=50.9; ME=67.3]* and fewer children (0-17) with current asthma [WAL=5.7%; ME=9.1%]	• High incidence of colorectal late-stage cancer [WAL=26.4; ME=22.7], lung cancer per 100,000 population [WAL=83.6; U.S.=58.6]
• Low hospitalization rates for a number of conditions, including heart failure per 10,000 population [WAL=16.6; ME=21.9]*, COPD per 100,000 population [WAL=180.7; ME=216.3]	• More hospitalizations for acute myocardial infarctions per 10,000 population [WAL=26.7; ME=23.5]* and hypertension per 100,000 population [WAL=36.5; ME=28.0]
• Fewer unintentional fall related deaths per 100,000 population [WAL=4.0; ME=6.8]	• High stroke mortality per 100,000 population [WAL=42.8; ME=35.0]
• Low incidence of bladder cancer [WAL=22.9; ME=28.3] and melanoma per 100,000 population [WAL=17.6; ME=22.2]	• Higher incidence of Lyme disease [WAL=125.5; ME=105.3] and pertussis per 100,000 population [WAL=133.2; ME=41.9]
• Low incidence of some infectious diseases, including past or present hepatitis C virus (HCV) [WAL=61.5; ME=107.1] and newly reported chronic hepatitis B virus (HBV) per 100,000 population [WAL=5.1; ME=8.1].	• Higher HIV incidence per 100,000 population [WAL=5.1; ME=4.4] and HIV/AIDS hospitalization rate per 100,000 population [WAL=29.8; ME=21.4]
• Waldo County has much lower levels of crime compared to the state average, including fewer domestic assaults reports to police [WAL=297.6; ME=413.0], less reported rape [WAL=5.1; ME=27.0] and a lower violent crime rate per 100,000 population [WAL=59.0; ME=125.0]	• More unintentional and undetermined intent poisoning deaths per 100,000 population [WAL=13.6; ME=11.1]
	• High unintentional motor vehicle traffic crash related deaths per 100,000 population [WAL=14.6; ME=10.8]
	• More infant deaths per 1,000 live births [WAL=7.2; ME=6.0]
	• Lower live births for which the mother received early and adequate prenatal care [WAL=79.5%; ME=86.4%]*
• Lower substance abuse indicators compared to the state, including:	• More live births to 15-19 year olds per 1,000 population [WAL=28.4; ME=20.5]*
• Low alcohol-induced mortality per 100,000 population [WAL=5.0; ME=8.0]	• Some higher substance abuse indicators, including:
	• More drug-affected baby referrals received as a percentage of all live births [WAL=9.6%; ME=7.8%]
• Less binge drinking of alcoholic beverages (Adults) [WAL=13.3%; ME=17.4%]*	• Higher drug-induced mortality [WAL=16.9;

Health Issues - Surveillance Data	
Health Successes	**Health Challenges**
- Low emergency medical service overdose response per 100,000 population [WAL=179.3; ME=391.5] - Fewer opiate poisoning (ED visits) per 100,000 population [WAL=20.3; ME=25.1] - Less past-30-day marijuana use (Adults) [WAL=5.4%; ME=8.2%] - Low substance-abuse hospital admissions per 100,000 population [WAL=260.3; ME=328.1]*	ME=12.4] and more opiate poisoning (hospitalizations) per 100,000 population [WAL=17.3; ME=13.2]

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

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

Stakeholder Input - Stakeholder Survey Responses[1]	
Community Challenges	**Community Resources**
Biggest health issues in Waldo County according to stakeholders *(% of those rating issue as a major or critical problem in their area)*. - Obesity (85%) - Drug and alcohol abuse (79%) - Mental health (71%) - Depression (69%) - Tobacco use (63%)	**Assets Needed to Address Challenges:** **Obesity:** 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/Depression:** More mental health professionals; more community-based services; better funding and support; greater access to inpatient care; readily available information about resources; transitional 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

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

	• **Mental health/Depression:** Mental health/counseling providers and programs

Table 24. Priority Health Factor Strengths and Challenges for Waldo 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 compared to nationally [WAL=10.9%; U.S.=15.3%] • Lower rates of current smoking among adults [WAL=15.4%; ME=20.2%] • Fewer children with confirmed elevated blood lead levels (among those screened) [WAL=1.3%; ME=2.5%]*	• More adults [WAL=16.4%; ME=13.6%]* and children living in poverty [WAL=22.2%; ME=18.5%] • Lower median household income [WAL=$42,221; ME=$48,453]* • Higher percentage uninsured [WAL=12.3%; ME=10.4%]* • Lower levels of colorectal screening [WAL=61.2%; ME=72.2%]* • Lower lead screening among children age 12-23 months [WAL=37.5%; ME=49.2%]* and those age 24-35 months [WAL=21.4%; ME=27.6%]* • More immunization exemptions among kindergarteners for philosophical reasons [WAL=6.5%; ME=3.7%]

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

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

Stakeholder Input- Stakeholder Survey Responses [2]	
Community Challenges	**Community Resources**
Biggest health factors leading to poor health outcomes in Waldo County according to stakeholders *(% of those rating factor as a major or critical problem in their area)*. • Poverty (84%) • Employment (68%) • Transportation (66%) • Health care insurance (66%) • Housing stability (66%)	**Assets Needed to Address Challenges:** • **Poverty:** Greater economic development; increased mentoring services; more skills trainings; more employment opportunities at livable wages; better transportation; better education • **Employment:** More job creations; more training; more employment opportunities at livable wages; greater economic development; more funding for 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 • **Health care insurance:** Expansion of Medicaid; making insurance more affordable; universal health care; more stable health care system **Assets Available in County/State:** • **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 • **Housing stability:** Maine Affordable Housing Coalition; Low income housing/section 8 programs

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