



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

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

Health Issues - Surveillance Data	
Health Successes	Health Challenges
<ul style="list-style-type: none"> • Low incidence of bladder cancer [WAS=24.0; ME=28.3] and melanoma per 100,000 population [WAS=11.1; ME=22.2]* • Low stroke mortality per 100,000 population [WAS=27.4; ME=35.0] • Fewer children with confirmed elevated blood lead levels (% among those screened) [WAS=1.2%; ME=2.5%]* • Lower incidence of some infectious and sexually transmitted diseases, including <ul style="list-style-type: none"> • Newly reported chronic hepatitis B virus (HBV) [WAS=0.0; ME=8.1] and Lyme disease per 100,000 population [WAS=44.0; ME=105.3] • Chlamydia [WAS=157.2; ME=265.5] and HIV incidence per 100,000 population [WAS=0.0; ME=4.4] • Lower rates of reported rape per 100,000 population [WAS=9.3; ME=27.0] • Fewer traumatic brain injury related emergency department visits (all intents) per 10,000 population [WAS=67.9; ME=81.4]* • Low rates of infant deaths per 1,000 live births [WAS=4.3; ME=6.0] • Lower low birth weight (<2500 grams) [WAS=4.7%; ME=6.6%] • Low opiate poisoning ED visits [WAS=20.8; ME=25.1] and hospitalizations per 100,000 population [WAS=11.1; ME=13.2] • Lower percentage of past-30-day nonmedical use of prescription drugs among high school students [WAS=4.2%; ME=5.6%] 	<p>Compared to the state, Washington County faces numerous health challenges across many health areas. Some of these challenges include:</p> <ul style="list-style-type: none"> • Higher percentage of adults who rate their health fair to poor [WAS=20.4%; ME=15.6%]* • High overall mortality rate per 100,000 population [WAS=875.0; ME=745.8]* • High ambulatory care-sensitive condition hospital admission rate per 100,000 population [WAS=1,809.0; ME=1,499.3]* • A number respiratory issues in adults and children, including more asthma emergency department visits per 10,000 population [WAS=118.0; ME=67.3]*, higher percentage of current asthma among children (0-17) [WAS=10.9%; ME=9.1%], as well as a high pneumonia emergency department rate [WAS=1,429.8; ME=719.9]* and high pneumonia hospitalizations per 100,000 population [WAS=714.0; ME=329.4]* • High mortality for a number of different cancers, including: <ul style="list-style-type: none"> • All cancers per 100,000 population [WAS=210.5; ME=185.5]* • Female breast cancer per 100,000 population [WAS=23.8; ME=20.0] • Prostate cancer per 100,000 population [WAS=29.1; ME=22.1] • Tobacco-related neoplasms per 100,000 population [WAS=46.3; ME=37.4] • High incidence of various cancers, including: <ul style="list-style-type: none"> • Colorectal late-stage incidence per 100,000 population [WAS=26.4; ME=22.7] • Colorectal cancer incidence per 100,000 population [WAS=52.8; ME=43.5] • Lung cancer incidence per 100,000 population

Health Issues - Surveillance Data

Health Successes	Health Challenges
	<p style="text-align: center;">[WAS=92.8; ME=75.5]*</p> <ul style="list-style-type: none"> • High levels of cardiovascular risk factors and diseases, which includes: <ul style="list-style-type: none"> • Acute myocardial infarction hospitalizations per 10,000 population [WAS=39.4; ME=23.5]* • Acute myocardial infarction mortality per 100,000 population [WAS=66.8; ME=32.2]* • Coronary heart disease mortality per 100,000 population [WAS=130.8; ME=89.8]* • Heart failure hospitalizations per 10,000 population [WAS=27.8; ME=21.9]* • Higher levels of hypertension prevalence [WAS=39.7%; ME=32.8%] • Higher percentage of adults with high cholesterol [WAS=45.9%; ME=40.3%]* • Higher rates of diabetes emergency department visits (principal diagnosis) per 100,000 population [WAS=294.1; ME=235.9], diabetes long-term complication hospitalizations [WAS=70.3; ME=59.1], and diabetes mortality (underlying cause) per 100,000 population [WAS=33.9; ME=20.8]* • More children with unconfirmed elevated blood lead levels (% among those screened) [WAS=5.3%; ME=4.2%]* • High incidence of past or present hepatitis C virus (HCV) per 100,000 population [WAS=125.8; ME=107.1] • High pertussis incidence per 100,000 population [WAS=125.8; ME=41.9] • Higher rates of death from unintentional and undetermined intent poisoning [WAS=15.6; ME=11.1], unintentional falls [WAS=9.8; ME=6.8], and motor vehicle traffic crashes per 100,000 population [WAS=19.5; ME=10.8]* • More deaths from firearms [WAS=17.0; ME=9.2]* and suicides [WAS=21.1; ME=15.2] per 100,000 population and higher violent crime rate per 100,000 population [WAS=174.0; ME=125.0] • A higher percentage of high school students felt sad/hopeless for two weeks in a row [WAS=28.7%; ME=24.3%] • Higher rates of live births to 15-19 year olds per 1,000 population [WAS=28.7; ME=20.5]

Health Issues - Surveillance Data	
Health Successes	Health Challenges
	<ul style="list-style-type: none"> • More substance and alcohol use and abuse compared to the state. This includes: <ul style="list-style-type: none"> • High alcohol-induced mortality per 100,000 population [WAS=11.0; ME=8.0] • High drug-induced mortality per 100,000 population [WAS=18.7; ME=12.4] • More chronic heavy drinking among adults than nationally [WAS=8.3%; U.S.=6.2%] • More binge drinking of alcoholic beverages among high school students) [WAS=17.8%; ME=14.8%] • More past-30-day inhalant use among high school students [WAS=4.8%; ME=3.2%] • High prescription Monitoring Program opioid prescriptions (days supply per population) [WAS=9.0; ME=6.8] • More drug-affected baby referrals received as a percentage of all live births [WAS=13.9%; ME=7.8%]

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

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

Stakeholder Input - Stakeholder Survey Responses ¹	
Community Challenges	Community Resources
<p>Biggest health issues in Washington 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%) • Obesity (82%) • Tobacco use (77%) • Mental health (76%) • Cardiovascular diseases (76%) 	<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: 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 <p>Assets Available in County/State:</p> <ul style="list-style-type: none"> • Drug and alcohol abuse: Maine Alcoholics Anonymous;

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

	<p>Substance Abuse Hotlines; Office of Substance Abuse and Mental Health Services</p> <ul style="list-style-type: none"> • 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 • Cardiovascular diseases: Hospitals; Primary Care Providers; YMCA’s (Public gyms); Education programs
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Table 24. Priority Health Factor Strengths and Challenges for Washington County- Surveillance Data

Health Factors – Surveillance Data	
Health Factor Strengths	Health Factor Challenges
<ul style="list-style-type: none"> • Fewer individuals who are unable to obtain or delay obtaining necessary medical care due to cost [WAS=9.6%; U.S.=15.3%] • Higher percentage of lead screening among children age 12-23 months [WAS=79.5%; ME=49.2%]* and children age 24-35 months [WAS=50.5%; ME=27.6%]* 	<ul style="list-style-type: none"> • Washington County has a number of socioeconomic challenges when compared to the rest of the state, including: <ul style="list-style-type: none"> • A higher unemployment rate [WAS=8.4%; ME=5.7%] • More adults living in poverty [WAS=19.5%; ME=13.6%]* and children living in poverty [WAS=26.2%; ME=18.5%]* • Lower median household income [WAS=\$37,236; ME=\$48,453] • Higher percentage of the population is uninsured [WAS=13.7%; ME=11.2%]* and fewer adults have a usual primary care provider [WAS=83.6%; ME=87.7%]* • Fewer adults ages 18-34 with visits to a dentist in the past 12 months [WAS=56.9%; ME=65.3%]* • Females age 50+ less likely to have a mammogram in the past 2 years [WAS=70.0%; ME=82.1%]* • Lower percentage of adults [WAS=75.8%; ME=85.2%]* and high school students always wear seatbelts [WAS=42.6%; ME=61.6%]* • More adults with a sedentary lifestyle – no leisure-time physical activity in past month [WAS=27.9%; ME=22.4%]* • Among high school students, less fruit and vegetable consumption [WAS=14.0%; ME=16.8%], more soda/sports drink consumption [WAS=34.7%; ME=26.2%]* and higher levels of obesity [WAS=15.9%; ME=12.7%] • Higher percentage of adults are current smokers [WAS=28.8%; ME=20.2%] • More current smoking [WAS=19.7%; ME=12.9%] and current tobacco use among high school students [WAS=23.6%; ME=18.2%] and higher levels of secondhand smoke exposure among high school students [WAS=53.2%; ME=38.3%]*

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

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

Stakeholder Input- Stakeholder Survey Responses ²	
Community Challenges	Community Resources
<p>Biggest health factors leading to poor health outcomes in Washington 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%) • Employment (82%) • Health care insurance (78%) • Access to behavioral care/mental health care (76%) • Health literacy (74%) 	<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 • 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 • 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 <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 • 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.