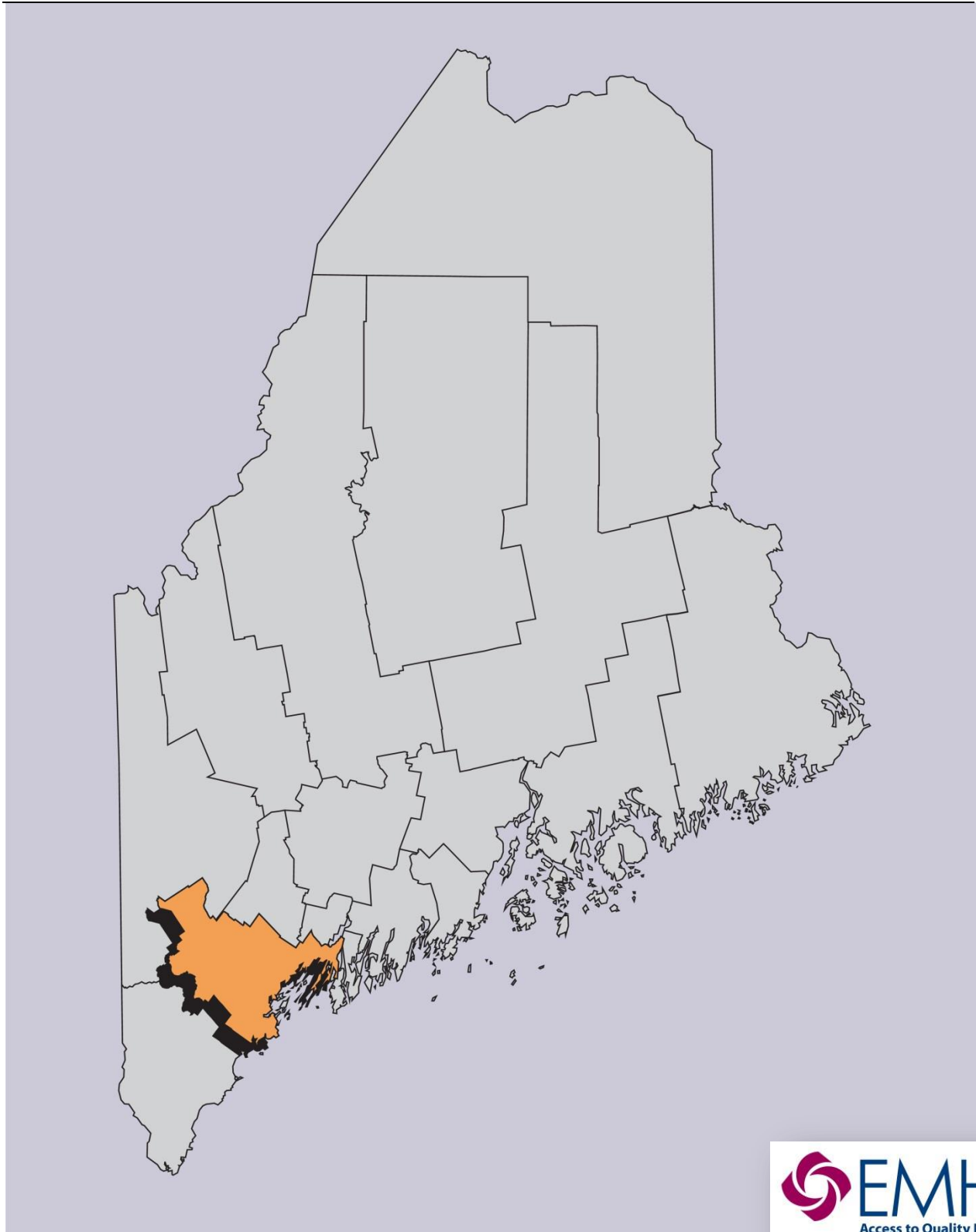




Cumberland County
Community Health Needs Assessment
August 2014



Acknowledgements

Thank you for your interest in the **2014 Community Health Needs Assessment (CHNA)**. EMHS has enjoyed a long history of working with healthcare, public health, and community stakeholders to identify issues and opportunities for collaborative community health improvement.

This report presents the findings of a qualitative stakeholder survey disseminated across eight Maine counties¹ in June 2014, *OneMaine CHNA* data published in 2011, and *County Health Rankings* data published in 2014.

Together, the data provide a unique perspective on the health of Maine communities, with a focus on the social, environmental, and clinical factors which influence the ability of populations to lead healthy lives. We hope this report will be helpful to community leaders in their ongoing efforts to clarify priorities and implement strategic actions leading to improved community health.

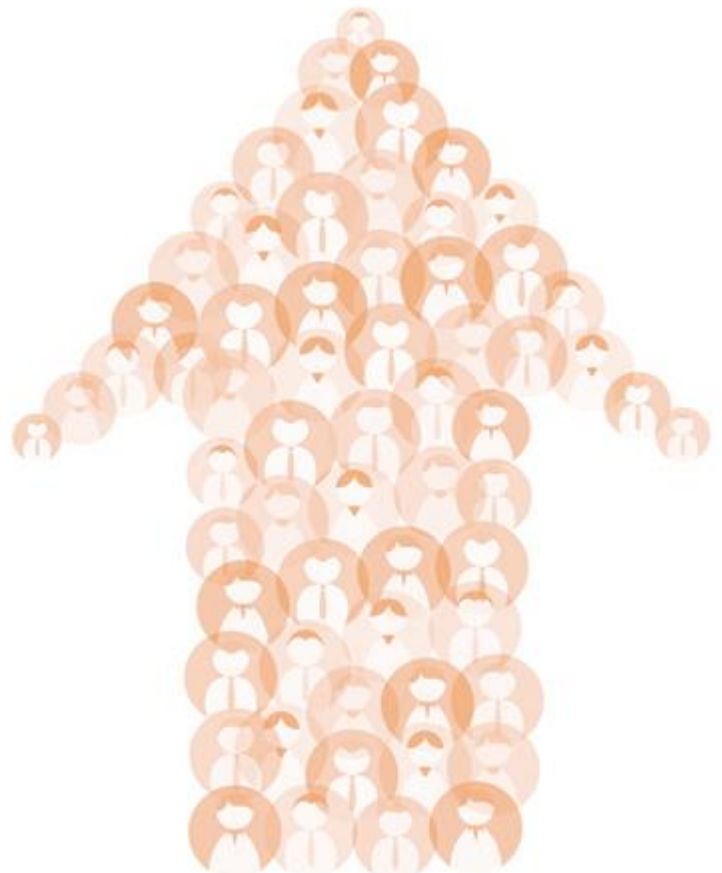
We wish to thank the following EMHS Member Organizations, hospitals, local public health coordinating councils and Healthy Maine Partnerships for their contributions to this 2014 Community Health Needs Assessment:

EMHS Member Organizations

- Acadia Hospital
- Affiliated
- Beacon Health
- Blue Hill Memorial Hospital
- Charles A. Dean Memorial Hospital
- Eastern Maine HomeCare
- Eastern Maine Medical Center
- EMHS Foundation
- Inland Hospital
- Mercy Hospital
- Rosscare
- Sebastiancook Valley Health
- TAMC
- VNA Home Health Hospice

Partnering Hospitals

- Cary Medical Center
- Down East Community Hospital
- Houlton Regional Hospital
- Maine Coast Memorial Hospital



¹ Aroostook, Cumberland, Hancock, Kennebec, Cumberland, Piscataquis, Somerset, and Washington

Mayo Regional Hospital
Millinocket Regional Hospital
Mount Desert Island Hospital
Northern Maine Medical Center
Redington-Fairview General Hospital

Local Public Health Coordinating Councils

Aroostook District Coordinating Council
Central District Coordinating Council
Cumberland District Public Health Council
Downeast Public Health Council
Penquis District Coordinating Council
Wabanaki Public Health

Healthy Maine Partnerships

Bangor Region Public Health & Wellness
Healthy Acadia
Healthy Aroostook
Healthy Casco Bay
Healthy Communities of the Capital Area
Healthy Lakes
Healthy Northern Kennebec
Healthy Portland
Healthy Rivers
Healthy Sebecook Valley
Healthy Wabanaki
Healthy Waldo County
Partnership for a Healthy Northern Cumberland
Piscataquis Public Health Council
Power of Prevention
Somerset Public Health
Washington County: One Community

We would also like to thank the Maine Center for Disease Control & Prevention, District Public Health Liaisons, Federally Qualified Health Centers, Bangor Public Health and Community Services, Portland Public Health, and others who provided their generous support and insights. This report's findings were prepared by Patricia Hart of Hart Consulting, Inc.



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Executive Summary

Background

Cumberland County is home to 285,456 people, living in a region encompassing 835 square miles, with a population density of 337 people per square mile.

Assets

The county's healthcare delivery assets include Bridgton Hospital, Maine Medical Center, Mercy Hospital, Mid Coast Hospital, Parkview Adventist Medical Center, Spring Harbor Hospital; one Federally Qualified Health Center²; 220 dentists; and 445 primary care providers. Public health infrastructure includes the Cumberland District Public Health Council, Maine CDC Public Health Unit, Portland Public Health, Local Health Officers, Cumberland County Emergency Management Agency, and four Healthy Maine Partnerships - Healthy Casco Bay, Healthy Portland, Healthy Rivers, and Healthy Lakes. Community strengths and assets identified by respondents include parks, beaches, and bike-able communities; supportive municipal and social services to assist populations with disparities; smoke-free outdoor spaces and supports for emotional health.

Findings

Of Maine's 16 counties, Cumberland County ranks third in health outcomes and second for quality of life.³ Top social concerns include substance abuse, unemployment/economic opportunity, homelessness, affordable housing, and hunger/food insecurity. Cumberland County has the state's highest admission rates for major depressive disorders and the highest incidence of HIV, gonorrhea, and chlamydia. It has the lowest rates for smoking and adult obesity. Those most likely to experience barriers to good health are from low income households, people with mental illness, homeless, uninsured, older adults, and immigrant or refugee families.

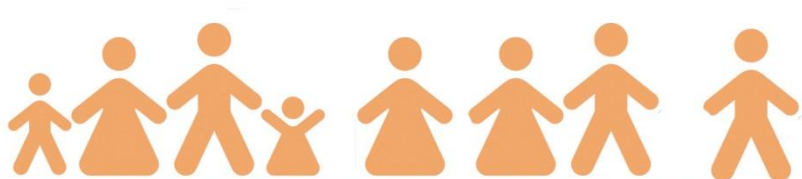
The greatest identified gaps in healthcare include behavioral/mental health services, dental care, substance abuse treatment and prescription drug assistance. Identified barriers to access include out-of-pocket costs associated with insurance plans, lack of insurance and inability to pay for care.

Recommendations

Key strategies for improving community health in Cumberland County include cultivating economic development (jobs paying livable wages), improving access to health care services, better access to transportation, more affordable housing, and services for aging in place/at home.

² Maine Primary Care Association

³ County Health Rankings.



Cumberland County Findings

This 2014 CHNA provides an in-depth look at the factors impacting the health of our communities. It uses findings from three studies, with different perspectives, to put together a rich picture of health status in Maine:

- Insights about community needs, assets, and barriers from the *EMHS Qualitative Stakeholder Survey* (2014)
- Relative rankings on a set of county indicators from the *County Health Rankings* (2014)
- Absolute measures of health status from the surveillance and epidemiological data shared in the *OneMaine Community Health Needs Assessment* (2011)

Analyzing the three sources of data together provides greater clarity about community needs and potential strategies for improvement.



Factors Affecting Health: Cumberland County

Key: A=Asset; C=Concern; (--)=No assessment; CUM=Cumberland County; ME=Maine

Issue/Concern	Qualitative Feedback (Stakeholder Opinion)	County Health Ranking (Relative Ranking)*	OneMaine (Absolute Measure)
Social and Economic			
Our community is a safe place to live	A	9	--
Substance abuse	C	10	Adult chronic heavy drinking: CUM=7.9%, ME=6.4% Adult binge drinking: CUM=18%,

Key: A=Asset; C=Concern; (--)=No assessment; CUM=Cumberland County; ME=Maine

Issue/Concern	Qualitative Feedback (Stakeholder Opinion)	County Health Ranking (Relative Ranking)*	OneMaine (Absolute Measure)
Substance abuse			ME=15% High ED rate for acute alcohol-related mental disorders, schizophrenia High hospital admissions for substance abuse, alcohol and drug related psychosis
Affordable housing	C	--	--
Unemployment/economic opportunity	C	1	Labor force unemployed: CUM=6.5%, ME=7.8%
Access to Care			
Emergency room	C	--	Low overall ED use. High ED rate for acute alcohol-related mental disorders, schizophrenia.
Screenings/immunizations	A , C	2	High receipt of flu vaccination: CUM=49%, ME=42%
Barriers to Care/Gaps			
Out of pocket costs associated with insurance plans	C	--	--
Lack of insurance and unable to pay for the care	C	1	Needed Medical Care But Could not Afford it: Past Year: CUM=5.2%, ME=6.5%
Mental Health Issues			
Affordable options for people who are uninsured or under-insured	C	--	--
General availability of providers addressing mental/behavioral health needs	C	1	Highest admissions rate for adult and youth major depressive disorder. High hospital admissions for substance abuse, alcohol and drug related psychosis.
Violence Issues			
Alcohol and/or drug abuse related violence	C	10	--
Domestic violence	C	--	Ever physically hurt by Intimate Partner: CUM=9%, ME=12%
Bullying	C	--	--
Substance Abuse Issues			
Alcohol abuse	C	10	Adult chronic heavy drinking: CUM=7.9%, ME=6.4% Adult binge drinking: CUM=18%, ME=15% High ED rate for acute alcohol-related

Key: A=Asset; C=Concern; (--)=No assessment; CUM=Cumberland County; ME=Maine

Issue/Concern	Qualitative Feedback (Stakeholder Opinion)	County Health Ranking (Relative Ranking)*	OneMaine (Absolute Measure)
			mental disorders
Prescription drug misuse and abuse	C	10	High hospital admissions for substance abuse, alcohol and drug related psychosis
Barriers to Healthy Eating and Physical Activity			
Personal barriers (e.g. lack of time, motivation, values and beliefs)	C	--	Adult obesity: CUM=24, ME=28% Adults with sedentary lifestyle: CUM=16%, ME=21%
Weather conditions	C	--	--

*Ranking is ordered in relation to the 16 counties in Maine, with #1 being the "healthiest."

Methodology

This CHNA was developed by EMHS to support our member organizations and community partners in their work to develop strategies that will improve the health of the people we all serve. The report's findings were analyzed and compiled by Patricia Hart and Kristin Marks of Hart Consulting, Inc.

This report relates findings from three data sources to provide a more rounded look at the assets, issues, and opportunities in the eight-county region. This update includes data from three sources:

1. The *Qualitative Stakeholder Survey* conducted by EMHS with its stakeholders (June 2014)
2. The University of Wisconsin Population Health Institute's *County Health Rankings* (2014)
3. OneMaine Health's *Community Health Needs Assessment* (2011)

EMHS Qualitative Stakeholder Survey

In June 2014, EMHS conducted an online survey with stakeholders and partners living or working in the eight-county region to understand key issues, including facilitators and barriers that impact healthcare and population health in these communities. The web-based survey was distributed via email to 17 partnering hospitals, six local Public Health Districts, and 17 Healthy Maine Partnerships. Representatives from these organizations distributed the survey link to their employees, volunteers, board members, donors, and other stakeholders.

Recipients were encouraged to forward the survey to additional community stakeholders. This snowball sample yielded 2,400 respondents, with 1,477 completed surveys.

County Health Rankings

The annual *County Health Rankings*, published in 2014 by the University of Wisconsin in partnership with the Robert Wood Johnson Foundation, measures underlying health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. The rankings show how health is influenced by our local environment and community supports. For more information: www.countyhealthrankings.org

OneMaine Health Community Health Needs Assessment (CHNA)

In 2010, One Maine Health, a collaborative of EMHS, MaineHealth, and MaineGeneral, commissioned the University of New England's Center for Health Planning and Policy Research and the Muskie School at the University of Southern Maine to conduct a state-wide community health needs assessment. The study identified the most important health issues in the state and by county, using accepted statistical methods to validate health indicators and to compare results. The CHNA presents health status, barriers to care, demographic, and social indicators affecting people and organizations throughout Maine. The study reports on healthcare data, health surveillance data, vital statistics, and other demographic data. For more information: www.chna.emh.org

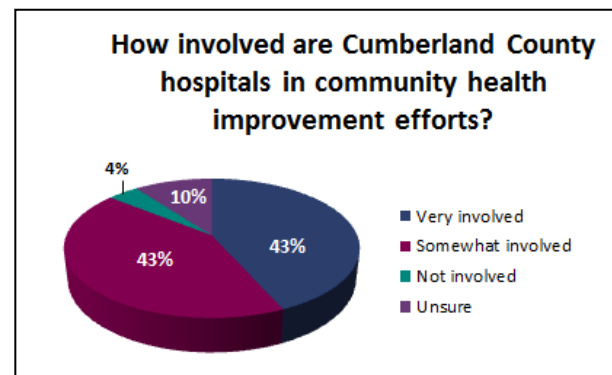
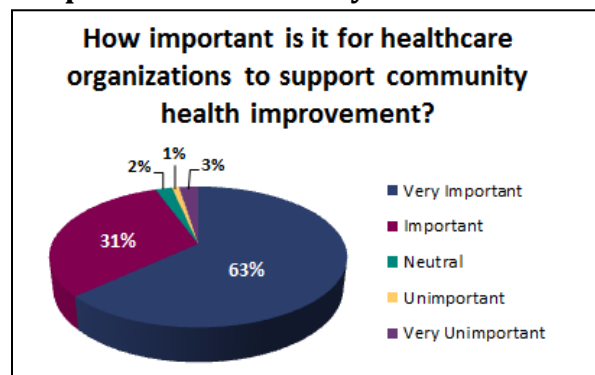
EMHS Qualitative Stakeholder Survey

Background

The *EMHS Qualitative Stakeholder Survey* was an online survey conducted in June 2014, with stakeholders and partners living or working in the eight-county EMHS service region. The purpose was to understand key issues, including facilitators and barriers that influence healthcare and population health in these communities. The survey was widely distributed and ultimately yielded 1,477 completed surveys. There were 178 people representing Cumberland County. The respondents represent the following sectors:

- 77% Healthcare
- 11% Other
- 7% Public health
- 5% Government

Responses to the Survey



What are the assets and strengths that make it possible for people to lead healthier lives in Cumberland County?

- Healthcare is accessible, including specialty care, and resident choices of providers
- Beaches and a bicycling community provide opportunities to be outside and active
- Many cities and towns have bans on smoking in public areas such as parks
- Services to assist disparate populations exist, including clinics for low-income residents and shelters for the homeless
- City services and Portland's health department were cited as assets to health
- Supports for emotional health are present

Strengths	Top Social Concerns
<ul style="list-style-type: none"> ● Our community is a safe place to live ● Many services to support disparate populations ● City services and Portland Public Health Department 	<ul style="list-style-type: none"> ● Substance abuse ● Affordable housing ● Unemployment/economic opportunity ● Homelessness ● Hunger/food insecurity

Which vulnerable populations are most likely to encounter barriers to good health?

- Mentally ill
- Homeless
- Low income residents
- Uninsured
- Older adults/elderly

What strategies could measurably improve the health of your community?

- Jobs/economic development/livable wages
- Improved access to healthcare services
- Improved access to transportation
- Affordable housing
- Services to help aging in place/home

Detailed Findings from Qualitative Stakeholder Survey, June 2014

Survey Question and Top Responses	Cumberland County (n=178) %	Maine ⁴ (n=1477) %
Demographic		
Which community sector do you primarily represent? (10 choices, picked 1)		
Healthcare	77.0%	74.7%
Public health	6.7%	4.6%

⁴ Stakeholder respondents live and/or work in eight counties in the EMHS service area: Aroostook, Cumberland, Hancock, Kennebec, Cumberland, Piscataquis, Somerset, and Washington.

Detailed Findings from Qualitative Stakeholder Survey, June 2014

Survey Question and Top Responses	Cumberland County (n=178) %	Maine ⁴ (n=1477) %
Government	5.1%	2.6%
Faith-based	2.8%	1.2%
Private sector/business	2.8%	3.9%
Social Services	2.8%	2.7%
Other	2.8%	10.3%
Social Factors		
Please rate your level of agreement with the following statements (5-point scale) (Strongly agree, Agree)		
Our community is a safe place to live	83.2%	87.6%
People living in our community know and trust one another	59.0%	74.2%
Neighbors care and look out for each other	58.5%	71.9%
What do you consider to be the top social concerns in the community you serve? (14 choices, picked 3)		
Substance Abuse	56.7%	60.9%
Affordable housing	43.8%	24.5%
Unemployment/economic opportunity	43.8%	59.2%
Homelessness	39.9%	14.8%
Hunger/food insecurity	23.0%	21.1%
In the community you serve, which vulnerable populations are most likely to encounter barriers to good health? (16 choices, picked 3)		
Mentally ill	56.2%	39.7%
Homeless	50.0%	36.8%
Low income residents	34.8%	44.1%
Uninsured	28.1%	37.8%
Older adults/elderly	25.8%	33.1%
Immigrant or refugee families	25.3%	5.0%
Access to Care		
In the community you serve, where do people go for their routine health care? (10 choices, picked 3)		
Emergency room	69.7%	68.0%
Primary Care/medical Practice	68.5%	75.4%
Urgent care clinic	42.1%	24.2%
In the community you serve, what are the greatest gaps in healthcare services? (18 choices, picked 3)		
Behavioral/mental health services (adults)	55.6%	40.8%
Dental care	36.0%	25.1%
Substance abuse treatment/counseling	33.1%	29.6%
Behavioral/mental health services (children)	23.6%	24.2%
Prescription drug assistance	15.7%	14.4%
What issues prevent the people in your community from accessing care? (15 choices, picked 3)		
Out of pocket costs associated with insurance plans	66.3%	71.1%
Lack of insurance and unable to pay for the care	64.0%	67.1%
Don't understand or value the importance of seeking healthcare	33.7%	33.5%
Transportation	28.7%	33.4%
Fear	13.5%	13.7%
What strategies could measurably improve the health of your community? (14 choices, picked 3)		
Jobs/economic development/livable wages	49.4%	55.0%

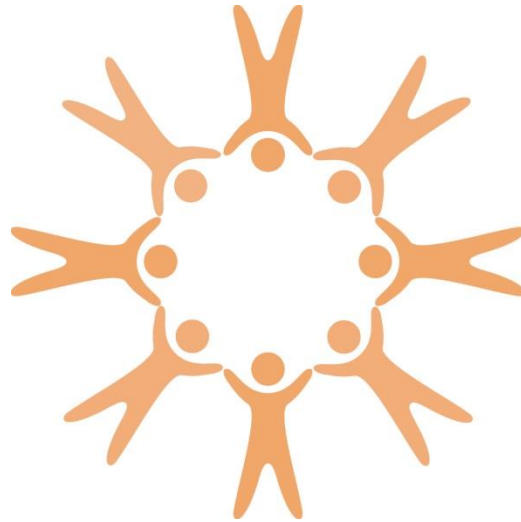
Detailed Findings from Qualitative Stakeholder Survey, June 2014

Survey Question and Top Responses	Cumberland County (n=178) %	Maine ⁴ (n=1477) %
Improved access to healthcare services	41.0%	36.6%
Improved access to transportation	28.1%	31.9%
Affordable housing	28.1%	13.7%
Services to help aging in place/home	23.0%	23.0%
Preventive Screenings and Immunizations		
To what extent are the following preventive clinical services accessible in the community you serve? (5-point scale) (Very accessible, Accessible)		
Flu vaccinations	87.1%	86.5%
Childhood immunizations	79.7%	82.3%
Mammography screening	71.9%	74.1%
Diabetes screenings	67.4%	68.7%
Cervical and vaginal cancer screening	63.0%	65.0%
Colorectal screenings	61.3%	65.3%
Cardiovascular disease screening	58.5%	62.4%
Tobacco use screening	53.9%	52.2%
Preventive care visits	46.6%	58.1%
Obesity screening	46.0%	48.2%
Depression screenings	39.9%	40.7%
Aging related screening	37.7%	47.2%
Alcohol misuse screening	37.6%	30.3%
Drug misuse screening	23.8%	33.0%
Oral health	23.6%	38.6%
Environmental Conditions for Health		
To what extent do the following environmental conditions affect the health and well-being of people in the community you serve? (5-point scale) (Very large affect, Large affect)		
Tobacco free areas	51.7%	44.1%
Access to safe areas for physical activity	51.1%	56.0%
Safe and clean salt water beaches and freshwater lakes/rivers	30.3%	27.5%
Toxics and soil contamination	26.5%	25.6%
Homes containing mold, mildew, lead, radon, etc.	28.7%	33.2%
Early Care and Education		
What increased opportunities in your community would contribute to healthy childhood development? (11 choices, picked 3)		
Family financial stability	49.4%	56.0%
Access to early care and education	42.7%	47.3%
Opportunities for healthy eating	36.0%	35.1%
Mental Health and Substance Abuse		
What are the top unmet mental health/behavioral healthcare needs facing your community? (16 choices, picked 3)		
Affordable options for people who are uninsured or under-insured	51.1%	48.5%
General availability of providers addressing mental/behavioral health needs	28.7%	27.4%
Inpatient mental health services	28.1%	22.4%

What are the top violence issues facing the community you serve? (9 choices, picked 3)		
Alcohol and/or drug abuse related violence	79.8%	83.5%
Domestic violence	58.4%	67.7%
Bullying	28.7%	32.2%
What are the top substance abuse issues facing the community you serve? (10 choices, picked 3)		
Alcohol abuse	62.4%	62.2%
Prescription drug misuse and abuse	61.8%	57.2%
Other drug abuse (cocaine, heroin, bath salts)	41.0%	41.0%
Healthy Food and Nutrition		
What are the top barriers in your community that prevent healthy eating? (14 choices, picked 3)		
Affordability of healthy food options	61.2%	63.2%
Knowledge, attitudes, and beliefs regarding nutrition	44.9%	43.6%
Prevalence of fast food restaurants that typically serve high-fat and high-sodium foods and offer big portion sizes at low prices	44.4%	30.1%
Cardiovascular Health		
What are the top barriers in your community that prevent people from being physically active? (11 choices, picked 3)		
Personal barriers (i.e. lack of time, motivation, values and beliefs)	82.0%	75.1%
Weather conditions	41.0%	40.0%
High cost of exercise facilities/equipment	29.2%	25.2%
Other		
In the communities you serve, where do people generally look for health information? (12 choices, picked 3)		
Internet	63.5%	60.3%
Doctor/healthcare provider	61.2%	70.3%
Family or friends	39.9%	48.7%
How important is it for healthcare organizations to support community health improvement, making it possible for all community members to live healthier lives? (5-point scale)		
“Very important” or “Important”	93.3%	95.8%

Unless otherwise indicated, the percentages listed in the table for each question reflect the percentage of respondents who identified the choice as one of their top three among a list of options.

County Health Rankings

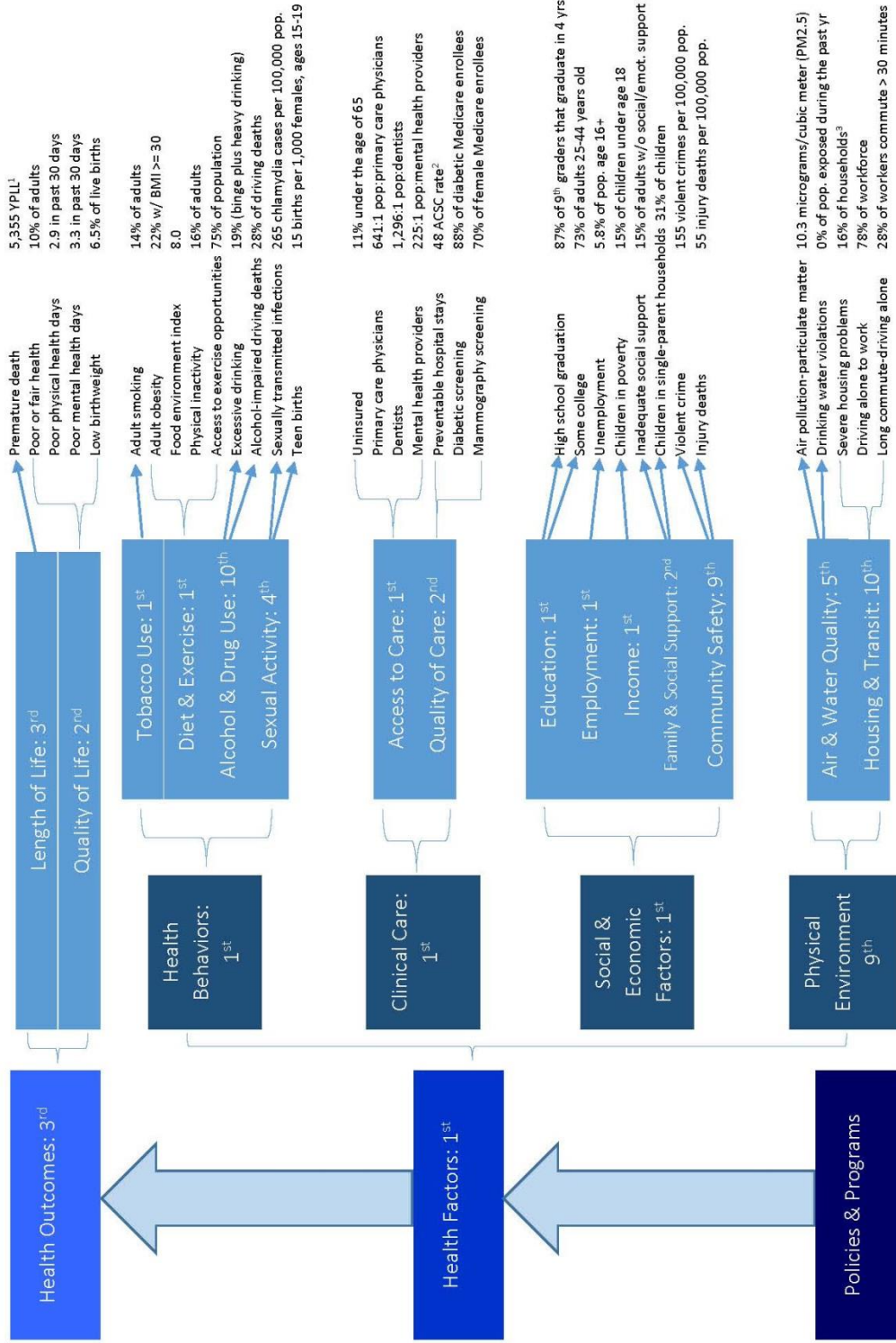


Background

The annual *County Health Rankings* measures the social, economic, environmental, and behavioral factors that influence health. These factors are quantified using indicators such as high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births, to name a few. The rankings weigh and score the sets of indicators to provide county comparisons within each state. The data are compiled from secondary sources and published by the University of Wisconsin in partnership with the Robert Wood Johnson Foundation. For more information: www.countyhealthrankings.org

For this analysis, *County Health Rankings* data for each of Maine's 16 counties is displayed in the signature paradigm used by the University of Wisconsin to show how all of the factors ultimately impact the health of our communities. While the comparison across counties provides insight into county health status, it is also important to keep in mind the underlying health measures. Because of the forced ranking, one county is always the "healthiest" and one is always the "least healthy." It is important to look past the assignment of rank to understand the underlying issues and opportunities.

CUMBERLAND COUNTY



¹YPLL=Years of potential life lost before 75 per 100,000 populations (age-adjusted)
²ACSC rate=hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
³Severe housing problems=overcrowding, high housing costs, or lack of kitchen or plumbing facilities

2014 County Health Rankings & Roadmaps. The University of Wisconsin Population Health Institute in collaboration with the Robert Wood Johnson Foundation. <http://www.countyhealthrankings.org/>

OneMaine Health Community Health Needs Assessment

Background

OneMaine Health is a collaborative of Eastern Maine Healthcare Systems, MaineHealth, and MaineGeneral Health. Its purpose is to share information among the three systems and to facilitate understanding community health needs. In 2010, the group commissioned a statewide *Community Health Needs Assessment* (CHNA) designed to identify important health issues in the state, both overall and by county, using scientifically valid health indicators and comparative information. The assessment also identifies priority health issues where better integration of public health and healthcare could improve access, quality, and cost effectiveness of services to residents of Maine. The CHNA provides a comprehensive set of data for each county as well as for the state. The indicators shared in the assessment are computed from an extensive set of health-related data and a community household telephone survey.

Health Issues Where Cumberland County Stands Out From Other Counties in Maine

Healthcare Access

- Low overall ED use
- Highest admissions rate for major depressive disorder
- High ED rate for acute alcohol-related mental disorders, schizophrenia
- High hospital admissions for substance abuse, alcohol and drug related psychosis
- High uptake of flu immunizations (CUM=49%, ME=42%)

Chronic Disease and Risk Factors

- High rate of chronic heavy drinking (CUM=7.9%, ME=6.4%)
- High rate of binge drinking (CUM=18%, ME=15%)
- Highest incidence of HIV, gonorrhea, chlamydia
- Adult obesity (CUM=24%, ME=28%)

Youth-Related

- Lowest rates of obesity (CUM=11%, ME=14%)
- Lowest current smokers, high school (CUM=17%, ME=20%)
- High hospital admissions for youth with major depressive disorder



CUMBERLAND COUNTY KEY FINDINGS

- 2008 Population Estimate = 277,512
- 14% of residents are age 65+
- 2008 Median Household Income 2008 = \$55,647
- 17% of residents enrolled in Medicaid

Health Risks and Challenges	Health Assets and Opportunities
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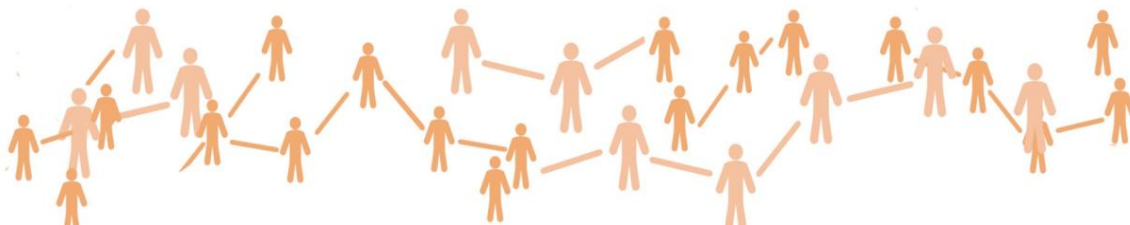
Risk Factors

- | | |
|--|---|
| <ul style="list-style-type: none"> • Alcohol and Substance Use: <ul style="list-style-type: none"> ○ High rate of chronic heavy drinking [CUM=7.9% , ME=6.4%] ○ High rate of binge drinking [CUM=18%, ME=15%] | <ul style="list-style-type: none"> • Health Status: Lowest percentage reporting their health status is 'Fair to Poor' [CUM=11% , ME= 15%] • Immunizations: High receipt of flu vaccination [CUM=49%, ME=42%] • Smoking: Lowest percentage current smokers of any county [CUM=16%, ME=22%] • Overweight/Obesity: <ul style="list-style-type: none"> ○ Low percentage obese [CUM=24% , ME=28%] ○ Lowest percentage of residents with sedentary lifestyle [CUM=16% , ME=21%] • Reproductive Health: Low teen birth rate • Intimate Partner Violence: Lowest percentage of respondents reporting ever experienced intimate partner violence [CUM= 9%, ME=12%] • Youth: (Grades 9-12) <ul style="list-style-type: none"> ○ Lowest percentage current smoking of any county [CUM=17%, ME=20%] ○ Lowest past week consumption of sugar sweetened beverages [CUM= 25%, ME= 29%] ○ Lowest rates of obesity and overweight [CUM=11%,10%, ME=14%,13%] |
|--|---|

Disease Incidence & Prevalence

- | | |
|--|---|
| <ul style="list-style-type: none"> • Infectious Disease: <ul style="list-style-type: none"> ○ Highest incidence rate for HIV of any county ○ High gonorrhea and chlamydia incidence rates | <ul style="list-style-type: none"> • Asthma: Lowest percentage of parental report of youths (0-17) with asthma [CUM= 2.4%, ME= 6.1%] • COPD: Low prevalence of COPD [CUM=2.6% , ME=4.2%] • Cancer: Lowest incidence of colorectal and lung cancer of any county |
|--|---|

Produced by the UNE Center for Community and Public Health



CUMBERLAND COUNTY KEY FINDINGS



Health Risks and Challenges	Health Assets and Opportunities
-----------------------------	---------------------------------

Hospital Utilization & Mortality Rates

- | | |
|--|---|
| <ul style="list-style-type: none"> • Hospital Admissions: <ul style="list-style-type: none"> ○ High hospital admissions rate for major depressive disorder for youths ○ High hospital admission rate for senility and organic mental disorders ○ High substance abuse and alcohol- and drug-related psychosis hospital admissions rate ○ High hospital admission rate for HIV/AIDS • Emergency Department (ED) Visits: <ul style="list-style-type: none"> ○ High schizophrenia ED admissions rate ○ High ED admissions rate for acute alcohol-related mental disorders ○ Highest ED admissions rate for major depressive disorder of any county | <ul style="list-style-type: none"> • Low overall ED utilization rates • Low hospital admission rates for ambulatory care sensitive conditions for both youths and adults • Lowest hospital admission rates for AMI and stroke of any county; low CHF hospital admission rates • Low hospital admission rate for asthma, bronchitis, and emphysema and lowest COPD hospital admission rate of any county • Low hospital admission rate for anxiety • Lowest ED visit rate for ambulatory care sensitive conditions of any county • Lowest ED Visit rate for COPD, pneumonia of any county • Lowest ED visit rate for uncontrolled diabetes • Low ED rate for pneumonia, asthma and bronchitis among youths • Low mortality rates for heart disease; lowest mortality rates for AMI and stroke of any county • Lowest mortality rates for COPD of any county • Lowest all cancer and lung cancer mortality rate of any county • Low diabetes mortality rate • Low mortality rates for smoking- and alcohol-related disease • Low mortality rates for motor vehicle accidents |
|--|---|

Note: The term high connotes a result at least 10% greater than Maine result. The term low connotes a result at least 10% less than the Maine result. Highest and 2nd highest are based on comparisons between Maine counties. Additional detail on indicators and data sources can be found in full report – Appendix 9: Detailed Data Sources
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