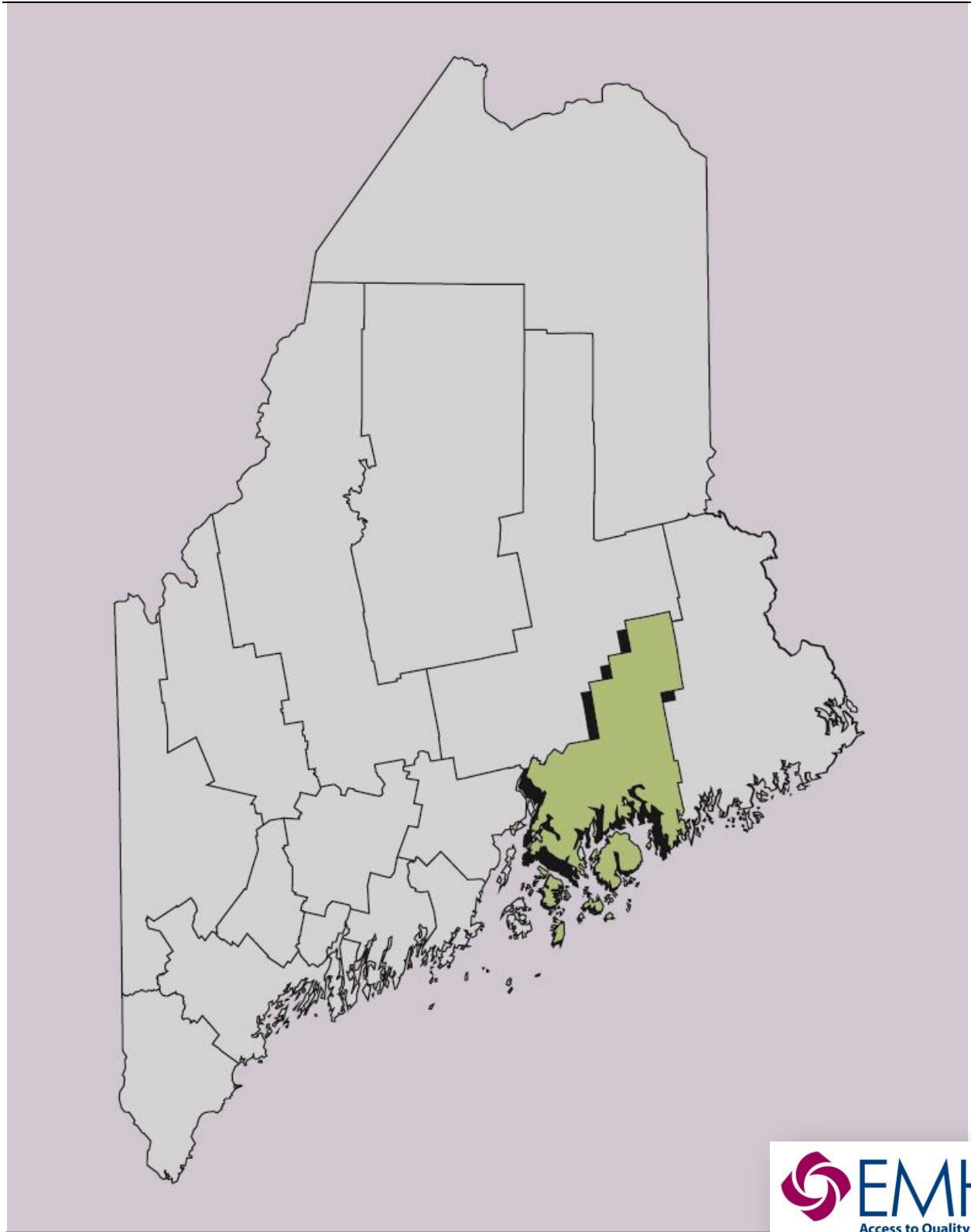




Hancock County

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
InlandHospital
Mercy Hospital
Rosscare
Sebasticook 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, Penobscot, 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 Hancock
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.



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Executive Summary

Background

Hancock County is home to 54,845 people, living in a region encompassing 1,587 square miles, with a population density of 34.3 people per square mile.

Assets

The county's healthcare delivery assets include Blue Hill Memorial Hospital, Maine Coast Memorial Hospital, Mount Desert Island Hospital; one Federally Qualified Health Center²; 27 dentists; and 79 primary care providers. Public health infrastructure includes the Downeast Public Health Council, Maine CDC Public Health Unit, Local Health Officers, Hancock County Emergency Management Agency, and Healthy Acadia - a Healthy Maine Partnership. Community strengths and assets identified by respondents include accessibility of healthcare, alternative care, and migrant health services; community members who are health conscious and value educational attainment; and an awareness of the need to care for aging community members.

Findings

Of Maine's 16 counties, Hancock County ranks first in health outcomes and first for quality of life.³ Top social concerns include substance abuse, unemployment/economic opportunity, affordable housing, hunger/food insecurity, and isolation (physical and social). Hancock County has the highest incidence of all cancers and the highest incidence of ED visits for alcohol-related psychoses. Asthma among youth, as reported by their parents, is almost twice the Maine average. Those most likely to experience barriers to good health include low income residents, uninsured, mentally ill, older adults/elderly, and individuals who are socially isolated.

The greatest identified gaps in healthcare include behavioral/mental health services for children and adults, substance abuse counseling, treatment and detoxification, and dental care. These gaps are exacerbated by lack of insurance and inability to pay for care, out of pocket expense, and lack of transportation. Identified barriers to access include lack of insurance and unable to pay for the care, out-of-pocket costs associated with insurance plans, transportation, and not understanding or value the importance of seeking healthcare.

Recommendations

Key strategies for improving community health in Hancock County include cultivating economic development (jobs paying livable wages), increasing access to transportation, healthcare services, and healthy foods; and services to help aging in place/at home.

² Maine Primary Care Association

³ County Health Rankings.



Hancock County Findings

This 2014 CHNA update 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 around the needs in our community and potential strategies for improvement.



Factors Affecting Health: Hancock County

Key: A= Asset; C=Concern; (--)=No assessment. HAN=Hancock County, ME=Maine

Issue/Concern	Qualitative Feedback (Stakeholder Opinion)	County Health Ranking (Relative Ranking)*	OneMaine (Absolute Measure)
Social and Economic			
Safe place to live	A	4	--
Substance abuse	C	6	Adult misuse prescription drugs in past 30 days: HAN=2.2%, ME=1.8% ; Youth prescription drug misuse: HAN=13%, ME=11% ; Youth inhalant use: HAN=12%, ME=9%
Unemployment/economic opportunity	C	10	Labor force unemployed: HAN=6.8%, ME=7.8%

Key: A= Asset; C=Concern; (--)=No assessment. HAN=Hancock County, ME=Maine

Issue/Concern	Qualitative Feedback (Stakeholder Opinion)	County Health Ranking (Relative Ranking)*	OneMaine (Absolute Measure)
Affordable housing	C	--	--
Access to Care			
Primary care/medical practice	A	9	Adult no usual source of care: HAN=16%, ME=13% ; Adult males; HAN=26%, ME=18%
Screenings/immunizations	A, C	12	Adults 50+ with colonoscopy past 5 years: HAN=56%, ME=63%
Barriers to Care/Gaps			
Lack of insurance and unable to pay for the care	C	9	Needed Medical Care But Could not Afford it: Past Year: HAN=6.4%, ME=6.5%
Behavioral/mental health services (adults)	C	9	Highest ED visits for alcohol-related psychoses
Mental Health Issues			
Affordable options for people who are uninsured or under-insured	C	--	High percentage of non-elderly uninsured: HAN=20%, ME=16%
General availability of providers addressing mental/behavioral health needs	C	9	High percentage parent report of youth developmental delay: HAN=9%, ME=4.5%
Violence Issues			
Alcohol and/or drug abuse related violence	C	6	--
Domestic violence	C	--	Ever physically hurt by Intimate Partner: HAN=11%, ME=12%
Bullying	C	--	--
Substance Abuse Issues			
Alcohol abuse	C	6	High elderly with chronic heavy drinking: HAN=6.1%, ME=4.5%
Prescription drug misuse and abuse	C	6	High misuse prescription drugs in past 30 days: HAN=2.2%, ME=1.8%
Barriers to Healthy Eating and Physical Activity			
Personal barriers (e.g. lack of time, motivation, values and beliefs)	C	--	Adults regular physical activity: HAN=31%, ME=26%
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

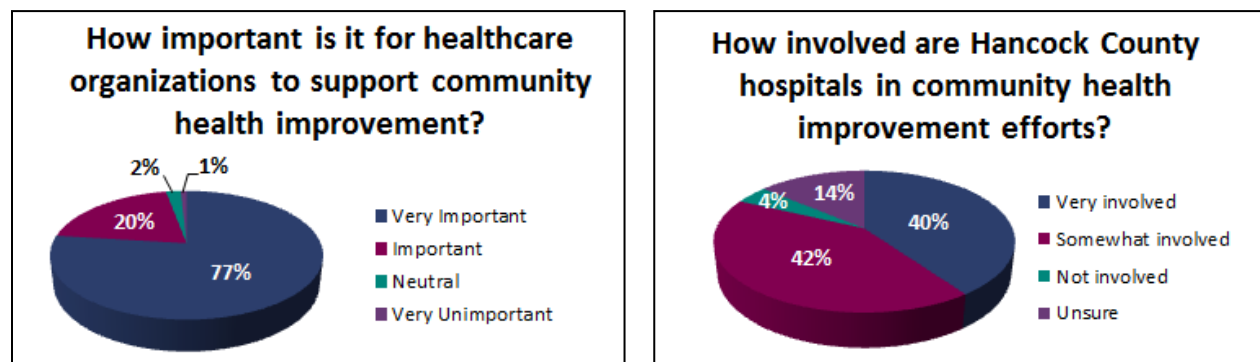
EMHS Qualitative Stakeholder Survey

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 166 respondents representing Hancock County. The respondents were from the following organizations:

- 60% Healthcare
- 15% Other
- 9% Other non-profit
- 7% Private sector/business
- 5% Education
- 5% Social services

Responses to the Survey



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

- Educational attainment is important to residents
- Healthcare is accessible and providers offer extended hours to accommodate patients
- Community members are health-conscious and interested in alternative care
- An awareness of the need to care for aging community members
- Migrant health services are available

Strengths	Top Social Concerns
<ul style="list-style-type: none"> • Our community is a safe place to live • People living in our community know and trust one another • Neighbors care and look out for each other 	<ul style="list-style-type: none"> • Substance abuse • Unemployment/economic opportunity • Affordable housing • Hunger/food insecurity • Physical and social isolation

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

- Low income residents
- Uninsured
- Mentally ill
- Older adults/elderly
- Individuals who are socially isolated

What strategies could measurably improve the health of your community?

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

Detailed Findings from Qualitative Stakeholder Survey, June 2014

Survey Question and Top Responses	Hancock County (n=166) %	Maine ⁴ (n=1477) %
Demographic		
Which community sector do you primarily represent? (10 choices, picked 1)		
Healthcare	59.6%	74.7%
Other	15.2%	2.8%
Other non-profit	9.0%	3.8%
Private sector/business	6.6%	3.9%
Education	4.8%	3.5%
Social Services	4.8%	2.7%
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	93.4%	87.6%
People living in our community know and trust one another	81.9%	71.9%
Neighbors care and look out for each other	80.1%	74.2%
What do you consider to be the top social concerns in the community you serve? (14 choices, picked 3)		
Substance abuse	55.4%	60.9%

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

Detailed Findings from Qualitative Stakeholder Survey, June 2014

Survey Question and Top Responses	Hancock County (n=166) %	Maine ⁴ (n=1477) %
Unemployment/economic opportunity	51.8%	59.2%
Affordable housing	34.3%	24.5%
Hunger/food insecurity	33.7%	21.1%
Physical and social isolation	22.3%	13.2%
In the community you serve, which vulnerable populations are most likely to encounter barriers to good health? (16 choices, picked 3)		
Low income residents	54.8%	44.1%
Uninsured	46.4%	37.8%
Mentally ill	33.1%	39.7%
Older adults/elderly	31.9%	33.1%
Individuals who are socially isolated	28.9%	23.9%
Access to Care		
In the community you serve, where do people go for their routine health care? (10 choices, picked 3)		
Primary care/medical practice	83.7%	75.4%
Emergency room	68.1%	68.0%
They do not receive routine healthcare	34.3%	26.3%
In the community you serve, what are the greatest gaps in healthcare services? (18 choices, picked 3)		
Behavioral/mental health services (adults)	50.0%	40.8%
Substance abuse treatment/counseling	32.5%	29.6%
Behavioral/mental health services (children)	27.7%	24.2%
Dental care	22.9%	25.1%
Substance detoxification	19.3%	18.2%
What issues prevent the people in your community from accessing care? (15 choices, picked 3)		
Lack of insurance and unable to pay for the care	72.9%	67.1%
Out of pocket costs associated with insurance plans	67.5%	71.1%
Transportation	42.2%	33.4%
Don't understand or value the importance of seeking healthcare	34.9%	33.5%
Inconvenience	16.3%	10.9%
What strategies could measurably improve the health of your community? (14 choices, picked 3)		
Jobs/economic development/livable wages	46.4%	55.0%
Improved access to healthcare services	36.7%	36.6%
Improved access to transportation	34.3%	31.9%
Improved access to healthy foods	25.3%	20.0%
Services to help aging in place/home	23.5%	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	87.3%	86.5%
Childhood immunizations	79.5%	82.3%
Mammography screening	69.8%	74.1%
Diabetes screenings	64.5%	68.7%
Colorectal screenings	59.1%	65.3%

Detailed Findings from Qualitative Stakeholder Survey, June 2014

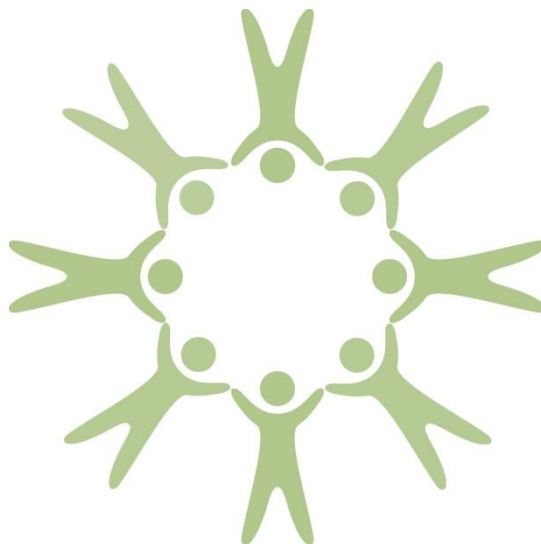
Survey Question and Top Responses	Hancock County (n=166) %	Maine ⁴ (n=1477) %
Preventive care visits	56.0%	58.1%
Cervical and vaginal cancer screening	46.6%	65.0%
Cardiovascular disease screening	44.5%	62.4%
Obesity screening	42.8%	48.2%
Tobacco use screening	38.6%	52.2%
Depression screenings	35.5%	40.7%
Aging related screening	33.8%	47.2%
Oral health	32.6%	38.6%
Alcohol misuse screening	22.0%	30.3%
Drug misuse screening	21.1%	33.0%
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)		
Access to safe areas for physical activity	58.4%	56.0%
Tobacco free areas	38.6%	44.1%
Homes containing mold, mildew, lead, radon, etc.	33.1%	33.2%
Climate change	28.3%	35.8%
Safe and clean salt water beaches and freshwater lakes/rivers	27.7%	27.5%
Early Care and Education		
What increased opportunities in your community would contribute to healthy childhood development? (11 choices, picked 3)		
Family financial stability	59.6%	56.0%
Access to early care and education	51.8%	47.3%
Developmental screenings	34.9%	24.5%
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	50.0%	48.5%
General availability of providers addressing mental/behavioral health needs	27.7%	27.4%
Inpatient mental health services	24.1%	22.4%
Pain management alternatives to prescription drugs/opioids	24.1%	22.9%
What are the top violence issues facing the community you serve? (9 choices, picked 3)		
Alcohol and/or drug abuse related violence	86.1%	83.5%
Domestic violence	69.3%	67.7%
Bullying	34.3%	32.2%
What are the top substance abuse issues facing the community you serve? (10 choices, picked 3)		
Alcohol abuse	68.1%	62.2%
Prescription drug misuse and abuse	56.0%	57.2%
Smoking/tobacco use	39.8%	31.9%

Detailed Findings from Qualitative Stakeholder Survey, June 2014

Survey Question and Top Responses	Hancock County (n=166) %	Maine ⁴ (n=1477) %
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	63.3%	63.2%
Knowledge, attitudes, and beliefs regarding nutrition	52.4%	43.6%
Adequate training in healthy cooking	29.5%	28.8%
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)	65.1%	75.1%
Weather conditions	42.8%	40.0%
Insufficient facilities or lack of access to facilities for exercising	28.9%	20.4%
Other		
In the communities you serve, where do people generally look for health information? (12 choices, picked 3)		
Doctor/healthcare provider	75.9%	70.3%
Family or friends	55.4%	48.7%
Internet	54.8%	60.3%
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"	97.0%	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

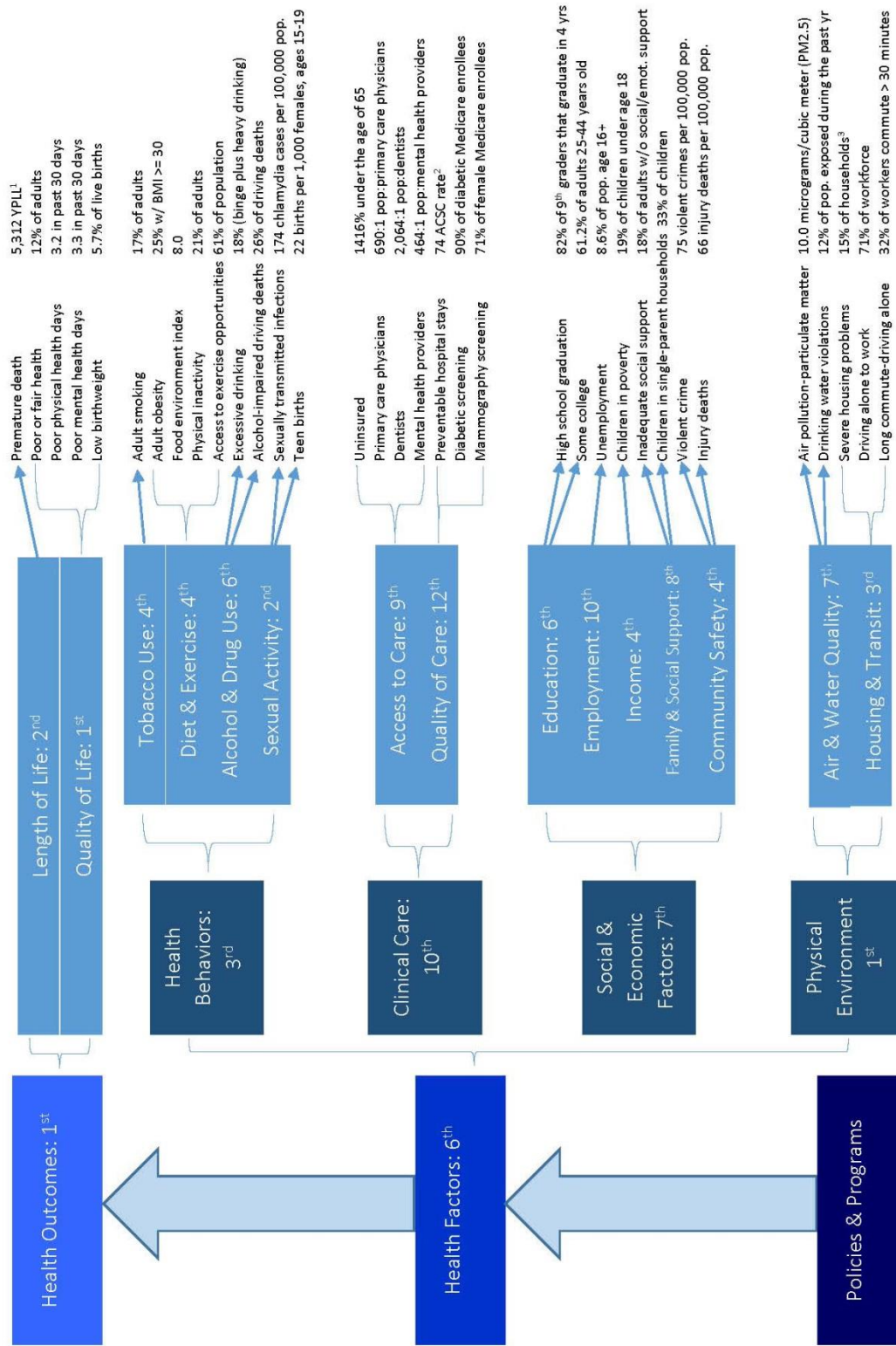


Background

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, the *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.

HANCOCK 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 Hancock County Stands Out From Other Counties in Maine

Healthcare Access

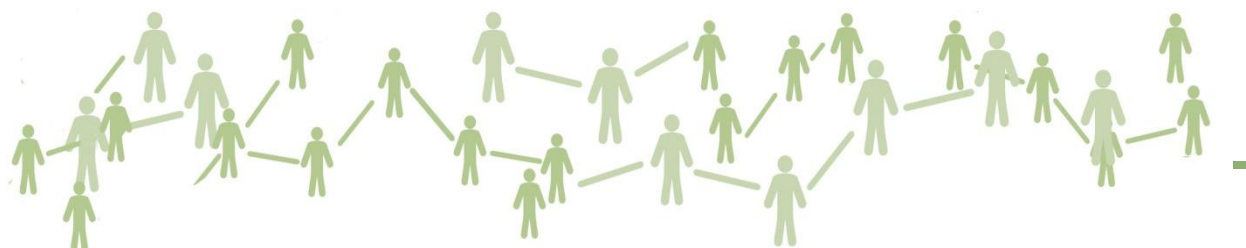
- High hospital admissions for the elderly
- High hospitalization rates for all cardiovascular diseases
- Highest ED visits for alcohol related psychoses
- High percentage of non-elderly uninsured (HAN=20%, ME=16%)
- High percentage with no usual source of care (HAN=16%, ME=13%), males (HAN=26%, ME=18%)
- Low percentage adults 50+ with colonoscopy past 5 years (HAN=56%, ME=63%)

Chronic Disease and Risk Factors

- High incidence of all cancers, high percentage ever diagnosed with cancer (HAN=9.4%, ME=7.5%)
- High elderly with chronic heavy drinking (HAN=6.1%, ME=4.5%)
- High misuse prescription drugs in past 30 days (HAN=2.2%, ME=1.8%)
- Low percentage non-elderly chronic heavy drinking (HAN=10%, ME=14%)
- Low percentage obese (HAN=22%, ME=28%)

Youth-Related

- High percentage youth with asthma (HAN=11%, ME=6%)
- High percentage past month smokeless tobacco use (HAN=11%, ME=9.5%)
- High percentage youth prescription drug misuse (HAN=13%, ME=11%); inhalant use (HAN=12%, ME=9%)
- High percentage parent report of youth developmental delay (HAN=9%, ME=4.5%)



HANCOCK COUNTY KEY FINDINGS

- 2008 Population Estimate = 53,371
- 2008 Median Household Income 2008 = \$47,507
- 17% of residents are age 65+
- 19% of residents enrolled in Medicaid

Health Risks and Challenges

Health Assets and Opportunities

Risk Factors

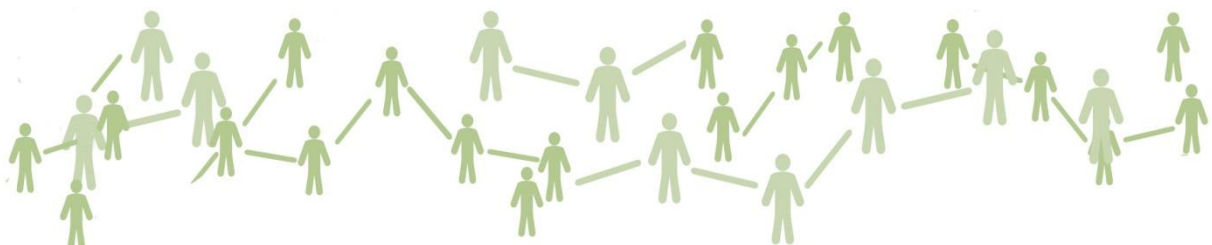
- **Access to Care:**
 - High percentage of nonelderly adults (18-64) uninsured [HAN=20%, ME=16%]
 - High percentage with no usual source of medical care [HAN=16%, ME=13%], particularly among males [HAN=26%, ME=18%]
- **Prevention:**
 - High percentage of adults with no checkup past 2 years [HAN=13%, ME=10%]
 - Low percentage of 50+ adults with colonoscopy past 5 years [HAN=56%, ME=63%]
- **Smoking:** Low percentage of current smokers have tried to quit in past year: [HAN=43%, ME=54%]
- **Alcohol and Substance Use:**
 - High percentage of chronic heavy drinking among elderly (65+) [HAN=6.1%, ME=4.5%]
 - High percentage report misuse of prescription drugs in past 30 days [HAN=2.2%, ME=1.8%]
- **Youth (Grades 9-12):**
 - High percentage past month smokeless tobacco use among youth (0-17) [HAN=11%, ME=9.5%]
 - High percentage past month prescription drug misuse [HAN=13%, ME=11%] and past month inhalant use [HAN=12%, ME=9%]
- **Developmental Delay/Disability:** High percentage parental report of youth (0-17) with developmental delay/disability [HAN=9.0%, ME=4.5%]

- **Access to Care:** Female access to care generally good
- **Smoking:** Low percentage current smokers [HAN=19%, ME=22%]
- **Overweight/Obesity:**
 - Low percentage obese [HAN=22%, ME=28%]
 - High percentage with regular physical activity [HAN=31%, ME=26%]
- **Prevention:** High percentage (50+) received blood stool test in past year [HAN=25%, ME=22%]
- **Mental Health:**
 - Low percentage reporting unmet mental health care needs [HAN=3.5%, ME=4.8%]
 - 2nd lowest percentage of any county classified as at risk for depression based on MHI-5 score [HAN=5.6%, ME=7.2%]
- **Alcohol and Substance Use:** Low percentage of non-elderly adults (18-64) engaging in chronic heavy drinking [HAN=10%, ME=14%]

Disease Incidence & Prevalence

- **Cancer:**
 - High percentage reporting ever diagnosed with cancer [HAN=9.4%, ME=7.5%]
 - High incidence of lung cancer among males and females
 - High incidence of all cancers combined, breast, cervical, lung and prostate cancers
- **Asthma:** High percentage parental report of youth (0-17) with asthma [HAN=11%, ME=6%]
- **Infectious Disease:** High incidence rate for gonorrhea
- **Asthma:** Low percentage with current adult asthma [HAN=7.3%, ME=10%]
- **Diabetes:** High percentage reporting having taken a diabetes self management course in lifetime [HAN=65%, ME=54%]

Produced by the UNE Center for Community and Public Health



HANCOCK 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 hospitalization rates overall for elderly (65+), including pneumonia, hip procedures, senility and alcohol/substance abuse related disorders ○ High ambulatory care sensitive condition (ACSC) hospitalization rate among youth (0-17) and adults age 18-44 ○ High hospitalization rates for cardiovascular disease, including CHF, AMI, Stroke, and CABG ○ High emphysema hospitalization rates • Emergency Department (ED) Visits: <ul style="list-style-type: none"> ○ High overall ED use among elderly (65+), including pneumonia ○ High ED rates for bronchitis/asthma and uncontrolled diabetes ○ Highest ED visit rates of any county for alcohol related psychoses ○ 2nd highest ED visit rates for drug related psychoses and senility/organic mental disorders • Mortality: <ul style="list-style-type: none"> ○ High AMI, Stroke and Heart Disease mortality rates ○ High bladder, melanoma, and prostate cancer mortality rates ○ High diabetes mortality rate ○ High mortality rate among females for lung cancer and smoking related neoplasms ○ High alcohol related mortality rate among males | <ul style="list-style-type: none"> • Low hospital admission rates for psychoses, major depression and bipolar disorder • Low ED visit rates for COPD and mental health conditions (except senility/organic mental disorders) • Low COPD mortality rate • Low infant mortality rate |
|--|--|

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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