



GOODALL HOSPITAL
Sanford, Maine

**Community Health Needs Assessment &
Implementation Plan**

October 1, 2013 – September 30, 2014

1. Description of the Community Served

Goodall Hospital primarily serves the residents of York County, the southernmost region of the state. Spanning 991 square miles of coastal and inland rural communities, the county population is the second highest of the 11 counties served by MaineHealth, at 199,005 people. York County also has the third highest population density, with 199 people per square mile. Biddeford, population 23,386, is the largest city in York County, as well as its industrial and commercial center.

Consisting of 96.5% White residents, the county's racial makeup is similar to the state average. It is among the "younger" counties in the MaineHealth service area, with 20.9% of the population less than 18 years of age and 15.7% aged 65+ years. The county also has the third highest annual household income in the service area (\$56,552) and boasts the lowest poverty rate at 8.7%. York County is, on the whole, very well educated. 90.9% of the population graduated high school and 28% hold a Bachelor's degree or higher, a number significantly higher than the service area's average of 25.8%.

Goodall is a member of the MaineHealth system, a not-for-profit family of leading high-quality providers and healthcare organizations working together to make their communities the healthiest in America. Ranked among the nation's top 100 integrated delivery networks, MaineHealth's service area is home to three-fourths of the state's population of 1.3 million. MaineHealth combines and coordinates clinical, educational, and administrative resources to improve population health, quality, and access, and to lower the cost of care. The system's mission-level focus is unique in the state and the Northeast: it is the foundation for the system's record of effective partnerships with diverse sectors, including local and state public health departments, education, business, transportation, agriculture, and others.

2. Methodology

The OneMaine Health Collaborative (OneMaine), a partnership between MaineHealth, Eastern Maine Healthcare Systems, and MaineGeneral Health, was first created in 2007 as a way to share information and identify the health needs of the communities served by the three systems. In January 2010, OneMaine contracted with the University of New England's Center for Community and Public Health (CCPH) to conduct a statewide Community Health Needs Assessment (CHNA) that was published in 2011. The assessment, conducted in collaboration with the University of Southern Maine's Muskie School for Public Health and Market Decisions, Inc., was designed to identify the most important health issues in the state, both overall and by county, using scientifically valid health indicators and comparative information. The assessment also identified priority health issues where better integration of public health and healthcare can improve access, quality, and cost effectiveness of services to residents of Maine. This project represented OneMaine's efforts to share information that can lead to improved health status and quality of care available to Maine residents, while building upon and strengthening Maine's existing infrastructure of services and providers.

The county-specific data for York County is included here (Appendix 1). A copy of the full CHNA report produced in 2011, which includes a complete description of the methodology, is posted online on the MaineHealth website (<http://mainehealth.org/chna>).



Figure 1. Diagram showing the data sources used in the OneMaine CHNA.

For the CHNA, OneMaine used a modified version of CCPH’s Community and Institutional Assessment Process (CIAP). The CIAP is a comprehensive planning process that identifies salient healthcare related issues in the community through a systematic analysis of scientifically derived health indicators and comparative and best practice information. The assessment included primary data from a community randomized household telephone survey and secondary data from state databases (e.g. births and mortality, ED usage, BRFSS, etc.). For the primary data collection, 6,400 Maine households were surveyed by landline and cell phone. The survey, which contained 150 questions in 18 different topic areas, was conducted from June 17th to September 16th, 2010. The response rate was 63% overall, the cooperation rate was 88.9%, the respondent refusal rate was 2.7%, and the average call length was 16.8 minutes. This information was used in conjunction with the other data sources (See Figure 1) to provide a broad picture of all the major health needs of Maine communities.

The CIAP starts with a comprehensive epidemiological-based health profile organized by health domain or condition such as cardiovascular health, respiratory health, cancer health, etc. Indicators for most domains are further organized by risk factors, prevalence (or incidence) or disease or condition, care management indicators and care outcomes. The analysis of indicators within each domain provides information to identify, and subsequently explore, which aspects of the healthcare delivery system may be over- or under-performing for that particular domain (e.g. primary prevention, secondary prevention, etc.). This results in a list of top priority health issues and questions for follow-up with providers, community leaders, agencies and the public, to determine delivery system strengths and deficits that may be driving the indicators. This process, as well as the variety of data sources, ensured that there were no information gaps present.

Community health forums, one of the integral components of the OneMaine CHNA, allowed community members to review the data and identify steps to addressing the identified community priorities. Participants at the community health forums met in small groups to discuss opportunities for collaboration, specific issues, and action steps for each priority. The resulting conversations led to inclusion of the health needs in strategic plans, served as focal points for project development and implementation, and were addressed through hospital support activities. The CHNA was also presented to the hospital's Board of Trustees. CHNA data reports and forum presentations/notes were then posted on the individual hospital websites, as well as the MaineHealth system website.

3. Description of how the community took into account input from persons who represent the broad interests of the community

The hospital convened a planning group made up of people representing the broad interests of the community served prior to holding the forums. The objectives of the meetings (over a period of several months) included the following:

- Review of data in the CHNA report
- Discussion of priority areas among the organizations represented in the planning group
- Define an approach to the community forum to maximize participating by a cross section of the community
- Develop the forum agenda
- Relationship and network building for future collaboration (if not already in existence)
- Successful execution of the forum(s)
- Forum debrief and discussion of next steps

The organizations, individual experts, and individual leaders/representatives involved in the planning group for Goodall included:

- York District Public Health Council – Sharon Leahy-Lind, MPPM, District Public Health Liaison
 - Sharon Leahy-Lind has extensive experience in public health and currently serves as the Director of the Division of Local Public Health at Maine Centers for Disease Control; DHHS. Sharon led the York District Public Health Council and provided a vital connection to public health and community organizations throughout the

CHNA process. She was a co-lead in the community forums and had the opportunity to talk about the Council's role in improving the health of the community and the partnership between the Council and the hospitals.

- Choose To Be Healthy – Deborah Erickson-Irons, Director
 - Deborah Erickson-Irons is a public health expert and practitioner who was part of the planning group for the community forums. She is the Coalition Director for the Healthy Maine Partnership at York Hospital in York, Maine.
- Partners for Healthier Communities (Healthy Maine Partnership) – Sarah Roberts, Director
 - Sarah Roberts served on the planning committee for the community forums. She is a public health practitioner who knows firsthand the needs of the people in York County.
- Coastal Healthy Communities Coalition – Megan Rochelo, Director; Bethany Fortier, Community Outreach
 - Megan Rochelo is a public health practitioner who brought expertise and local knowledge to the community forum process. She heads up the Healthy Maine Partnership at University of New England. Bethany Fortier is her colleague, with extensive experience in community health working with schools, day care centers, after school programs, and health care providers.
- HomeHealth Visiting Nurses – Maryanna Arsenault, President and CEO
 - Maryanna Arsenault served as a co-leader of the forum.
- Southern Maine Medical Center – Sue Hadiaris, VP, Planning and Development; Vicki Lyons, VP of Physician Services
 - Sue Hadiaris is responsible of facilitating the strategic and business planning for SMMC as well as community health and outreach, communications, and fund raising. Vicki Lyons is responsible for the programs and management of all SMMC PrimeCare Physician offices.
- United Way of York County – Barbara Wentworth, Program Manager

4. Description of Existing Healthcare Facilities and Other Resources within the Community Available to Meet Health Needs

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| • Partners for Healthier Communities (Healthy Maine Partnership) | • York Hospital |
| • Coastal Healthy Communities Coalition (Healthy Maine Partnership) | • Goodall Hospital – presence in Sanford, Waterboro and Kennebunk |
| • Choose to Be Healthy (Healthy Maine Partnership) | • Southern Maine Medical Center (SMMC) |
| • Southern Maine Area Agency on Aging | • Cancer Care of York County |
| • Child Care Connections | • SMMC PrimeCare Physicians |
| • Nasson Health Care – formally York County Health Care | • Private Physician Practices |
| • York County Community Action | • Biddeford Free Clinic |
| • MaineFamilies | • Sweetser Services |
| • York County District Public Health Coordinating Council | • Community Dental Health Services |
| | • York County Community College Health Education Programs |
| | • YMCA of York County |

5. Prioritized Description of All Community Health Needs Identified

All priorities:

- **Access to care**
- Alcohol and substance use
- Cancer
- *Developmental delay/disability*
- **Immunizations**
- Mental health
- **Obesity**
- Smoking**
- *Youth issues*

Bold = Health Needs discussed in community forums

** = Priorities with Focused Goals for FY13. Focused Goals are annual goals representing the highest priorities for the health system. Health system CEOs and executives develop the goals and are held accountable for their outcomes.

Italicized = Priorities not addressed due to lack of consensus from community partners regarding the importance of the issue and/or a lack of resources to address the issue

6. Implementation Plan

Members of the MaineHealth system incorporated priorities that emerged from the CHNA report and community forums into strategic plans at the hospital level and at the health system level. By tying community health status priorities to strategic plans, the health system ensures that resources are also prioritized to meet the target outcomes.

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
Access to care	Goodall ED will make a referral to a primary care provider for all who present without one. ED will schedule follow up appt. with physician if the patient requests. Specialty care referrals are made via PCP office.	Increase the number of insured individuals Increase accessibility and affordability of care to expand coverage	Monitor percentage of uninsured adults Monitor reports of unmet medical needs due to cost	SMAA CarePartners MedAccess	YCCAC Nasson Health Care

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	<p>Collaborating with CarePartners to participate in expansion of program for access to care</p> <p>Link seniors in the community to SMAA</p> <p>Physician referral line and access line on website</p>				
Alcohol and substance use	<p>Establish training schedule for providers</p> <p>Identify a physician champion</p> <p>Develop resource bank for area employers including sample policies and drug testing services</p> <p>Support efforts of Safe and Healthy Sanford Drug Free Communities</p>	<p>Decrease rates of chronic alcohol and substance use</p> <p>Provide skills and training to health care providers and worksites on drug use, addiction and treatment</p>	<p>Monitor chronic heavy drinking rate</p> <p>Monitor rates of overdose</p> <p>By 2015, reduce alcohol/drug use in Goodall Hospital service area by 5%</p>	<p>Sanford Strong Coalition</p> <p>GHP Practices</p> <p>Drug Free Communities Taskforce</p> <p>Chamber of Commerce</p> <p>Healthy Maine Partnerships</p>	
Cancer	<p>Establish annual screening schedule and timeline for promotion</p> <p>Establish outreach calendar linked with promoting importance of identified cancers</p> <p>Promote importance</p>	<p>Decrease the rate of cancer</p> <p>Increase opportunities for cancer screenings</p>	<p>Monitor incidence of different cancers by population</p> <p>By 2015, increase available skin cancer screenings by 2</p>	<p>Goodall Cancer Care Committee</p>	<p>Worksites</p> <p>Community Organizations</p> <p>Cancer Care Center of York County</p> <p>American Cancer Society</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	of screening for skin, colorectal, breast, and prostate cancers				
Immunizations	Initiate a protocol to increase number of males getting flu shots (i.e. automated messages at homes or postcards) Increase employee vaccination rate	Increase immunization rates for recommended vaccines for children Increase flu vaccine coverage for males	Monitor childhood immunization rates Monitor # of adults receiving the flu vaccine	Employee vaccination program Staffing to develop flu shot protocol for males	York County Public Health District Coordinating Council
Mental health	Minimize recurring mental health related episodes to Goodall Hospital Emergency Department Establish process and educate providers on available resources related to mental illness Advocate for policies that support treatment of mental illness	Improve mental health coverage By 2015, Goodall Hospital provider practices will be aware of available resources related to mental illness	Monitor rates of unmet mental health needs Number of partners engaged Number of resource toolboxes distributed Number of referrals from providers	PHC Advisory Council Counseling Services	Spurwink Sweetser Sanford Strong Coalition Sanford Police Sanford Schools
Obesity	Register sites Provide TA to sites Partner with York District CTG Program and sites to increase capacity in Early Childhood sector Partner with Healthy	Decrease obesity Promote healthy lifestyles in youth <18	Achievement of 100% of Let's Go! York Outcomes (registration, marketing/awareness, sustainability, leadership)	Implementing Let's Go! Program in local schools, child care center, after school centers, and health care provider offices.	York District CTG Program Shaws Supermarket Let's Go! Home Office

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	<p>Maine Partnerships under new workplan to improve school health</p> <p>Partner with Shaw’s Supermarket Identify new resources to boost capacity for serving sites across Southern Maine Health care/LG! York expanded service region</p> <p>Coordinate implementation program of Sanford communities</p> <p>Collaborate with community partners to provide free/low cost after school opportunities for physical activity (walking clubs, boot camp, weekend adventure groups)</p> <p>Coordinate healthy cooking programs (parent/child, cable channel)</p>				
Smoking	<p>Offer tobacco cessation classes</p> <p>Achieve Gold Star Standard</p> <p>Screen all inpatients for smoking</p>	<p>Increase # of patients screened</p> <p>Increase # of patients referred to hot line</p>	<p>Achievement of 100% of tobacco treatment outcomes (inpatient and physician practice)</p>	<p>MaineHealth Incentive program that saves non-smoking employees \$100/month on health care</p>	<p>Local businesses SMMC</p> <p>MaineHealth</p> <p>Coastal Healthy Communities</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	<p>Provide smoking cessation counseling to inpatient smokers</p> <p>Inpatient smokers accepted refer to hot line</p> <p>Develop program improvement plan between RTs and RNs on the floors</p> <p>Coordinate programs for both SMMC and Goodall</p> <p>Access to smoking cessation program at SMMC</p> <p>Support Healthy Maine Partnerships and programs to deter businesses from selling cigarettes to young people and to encourage communities to prohibit smoking in recreational areas</p>	<p>Increase # of patients counseled</p>		<p>premium costs</p> <p>Center for Tobacco Independence</p> <p>Coastal Healthy Communities Coalition</p> <p>Choose to be Healthy</p>	<p>Coalition</p> <p>Center for Tobacco Independence</p> <p>Choose to be Healthy</p> <p>York District Public Health Coordinating Council</p>

APPENDIX 1

YORK COUNTY KEY FINDINGS

- 2008 Population Estimate = 201,872
- 2008 Median Household Income 2008 = \$54,463
- 15% of residents are age 65+
- 17% of residents enrolled in Medicaid

Health Risks and Challenges

Health Assets and Opportunities

Risk Factors

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| <ul style="list-style-type: none"> • Immunizations: Low percentage males received flu shot or mist in past year [YOR=35%, ME=40%] • Smoking: High percentage current smokers [YOR=25%, ME=22%] and 2nd highest current smokers among females in any county [YOR=26%, ME=20%] • Developmental Delay/Disability: High percentage parental report of youth (0-17) developmental delay [YOR=5.5%, ME=4.5%] • Alcohol and Substance Use: High percentage chronic heavy drinking in past month [YOR=7.3%, ME=6.4%] • Youth (Grade 9-12): High percentage past month prescription drug misuse [YOR=13%, ME=11%] | <ul style="list-style-type: none"> • Health Status: Low percentage 11 or more days lost to poor health in past month [YOR=6%, ME=8%] • Access to Care: Low percentage without usual source of care [YOR=10%, ME=13%] and low percentage with no dental checkup in past 2 years [YOR=19%, ME=24%] • Prevention: High percentage males 50+ with prostate exam in past 2 years [YOR=75%, ME=69%] • Alcohol and Substance Use: Low percentage of adults report ever diagnosed with substance abuse problem [YOR=3.0%, ME=4.7%] • Overweight/Obesity: Low percentage obese [YOR=23%, ME=28%] • Youth (Grade 9-12): High percentage consume fruits and vegetables 5+ times per day [YOR=17%, ME=15%] • Reproductive Health: Low teen birth rate |
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Disease Incidence & Prevalence

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| <ul style="list-style-type: none"> • Cancer: High melanoma incidence rate • Mental Health <ul style="list-style-type: none"> ○ High percentage with unmet mental health treatment needs [YOR=5.5%, ME=4.8%] ○ High percentage with current diagnosed depression [YOR=18%, ME=15%] | <ul style="list-style-type: none"> • Respiratory Disease: Low prevalence adults current asthma [YOR=8%, ME=10%] and COPD [YOR=2.9%, ME=4.2%] • Cancer: Low incidence lung cancer • Infectious Disease: Low incidence of sexually transmitted diseases |
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Hospital Utilization & Mortality Rates

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| <ul style="list-style-type: none"> • Mortality: <ul style="list-style-type: none"> ○ High melanoma mortality rate | <ul style="list-style-type: none"> • Low hospital admission and ED visit rates overall • Low CHF, AMI and CABG hospitalization rates • Low respiratory hospital admission and ED visit rates • Low high risk pregnancy, head/brain injury and hip procedure hospital admission rates • Low mental health and substance abuse diagnosis hospital admission and ED visit rates • Low ambulatory care sensitive ED visit rates • Low cardiovascular, respiratory disease and cervical, lung and prostate cancer mortality rates • Low diabetes and alcohol related mortality |
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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

	York	Maine	Maine Counties Source
DEMOGRAPHICS			
Total Population	201,872	1,319,691	2008 Census Estimates
Median Annual Household Income (to 2008)	\$54,463	\$46,807	ME SPO Data Center
% of Labor Force Unemployed	7.4%	7.8%	ME Dept Labor
% Population Not Attaining H.S. Diploma (>25 yr)	14%	15%	2000 Census
% Population on Medicaid (all ages)	17%	23%	2004 CMS, HRSA Area Resource File
% Population Under the Age of 18	21%	21%	2008 Census Estimates
% Population Age 65 and Over	15%	15%	2008 Census Estimates
% Uninsured Non-Elderly Adults (Ages 18-65)	14%	16%	Household Survey
HEALTH STATUS			
% Health Fair to Poor	15%	15%	Household Survey
% 11+ Days Lost due to Poor Mental or Physical Health	6%	8%	Household Survey
% 3+ Chronic Conditions	13%	13%	Household Survey
Wellness Categories:			
%Well	35%	34%	Household Survey
%At Risk for Future Medical Problems	8%	8%	Household Survey
%Some Health Problems	36%	36%	Household Survey
%Not Well	21%	23%	Household Survey
ACCESS TO CARE			
% Without Usual Source of Primary Care (Males)	13%	18%	Household Survey
% Without Usual Source of Primary Care (Females)	7.7%	8.3%	Household Survey
% Named hospital or ER as usual source of care	1.2%	1.9%	Household Survey
% Not Having a Checkup Within the Past 2 yrs (Males)	16%	15%	Household Survey
% Not Having a Checkup Within the Past 2 yrs (Females)	4.9%	6.4%	Household Survey
% Received Flu Shot or Mist past 12 months	39%	42%	Household Survey
% Ever Received Pneumoccal Vaccine (Age 65+)	76%	73%	Household Survey
% Needed Medical Care But Could not Afford it: Past Year	6.2%	6.5%	Household Survey
% No Dental Visit in Past 2 Years	19%	24%	Household Survey
ED Visits per 100,000 population	37,684	47,665	MHDO Hosp ED
Ages 65+	37,020	49,497	MHDO Hosp ED
Hospitalizations per 100,000 Population	9,824	12,076	MHDO Hosp Inpatient
Ages 65+	26,240	31,396	MHDO Hosp Inpatient
QUALITY/EFFECTIVENESS			
Ambulatory Care Sensitive Condition (ACSC), Hospital Admission Rate (Overall PQI*)	916	967	MHDO Hosp Inpatient
Ages 0-17	157	191	MHDO Hosp Inpatient
Ages 18-44	207	234	MHDO Hosp Inpatient
Ages 45-64	570	707	MHDO Hosp Inpatient
Ages 65+	4,339	4,166	MHDO Hosp Inpatient
Ambulatory Care Sensitive Condition (ACSC), ED Visit Rate (Overall PQI*)	2,144	3,073	MHDO Hosp Inpatient
Ages 0-17	1,633	1,994	MHDO Hosp Inpatient
Ages 18-44	2,347	2,868	MHDO Hosp Inpatient
Ages 45-64	1,579	2,374	MHDO Hosp Inpatient
Ages 65+	3,606	6,375	MHDO Hosp Inpatient

All rates are per 100,000 population (based on US Census estimates 2008) unless otherwise noted

		York	Maine	Maine Counties Source
CARDIOVASCULAR HEALTH				
Risk Factors	% Current Smokers (Age 18+)	25%	22%	Household Survey
	% Sedentary Lifestyle (measured by no physical activity)	20%	21%	Household Survey
	% Overweight (Ages 18+)	37%	37%	Household Survey
	% Obesity (Ages 18+)	23%	28%	Household Survey
Disease Prevalence	% High Cholesterol	28%	29%	Household Survey
	% High Blood Pressure	28%	30%	Household Survey
	% Heart Disease	5.9%	6.3%	Household Survey
Management	Congestive Heart Failure, Hospital Admissions	254	283	MHDO Hosp Inpatient
	AMI, Hospital Admission Rate	180	211	MHDO Hosp Inpatient
	Ages 45-64	134	157	MHDO Hosp Inpatient
	Ages 65+	909	1,037	MHDO Hosp Inpatient
	Cerebrovascular Disease (stroke), Hospital Admission Rate	137	149	MHDO Hosp Inpatient
	CABG, Hospital Admission Rate	37	62	MHDO Hosp Inpatient
	% Having Cholesterol Checked within the past year (Ages 21+)	64%	63%	Household Survey
	% Smokers advised to quit smoking in the past yr.	74%	72%	Household Survey
Quality/Effectiveness	AMI, Mortality Rate	33	45	ODRVS Mortality
	Ages 65+	168	232	ODRVS Mortality
	Cerebrovascular Disease (stroke), Mortality Rate	37	49	ODRVS Mortality
	Ages 65+	227	294	ODRVS Mortality
	Heart Disease, Mortality Rate	175	202	ODRVS Mortality
	Ages 65+	987	1,101	ODRVS Mortality

All rates are per 100,000 population (based on US Census estimates 2008) unless otherwise noted

Overall PQI = methodology based on AHRQ Prevention Quality Indicators using 13 identified conditions

		York	Maine	Maine Counties Source
RESPIRATORY HEALTH				
	% Current Smokers (Male)	25%	23%	Household Survey
	% Current Smokers (Female)	26%	20%	Household Survey
	% Former Smokers	31%	31%	Household Survey
Disease Prevalence	% Current Asthma (Ages 18+)	7.6%	10%	Household Survey
	% Ever Asthma (Ages 0-17)	5.5%	6.1%	Household Survey
	% COPD	2.9%	4.2%	Household Survey
	Lung and Broncus Cancer, Males, Incidence Rate	82	105	ME CDC Cancer Reg
	Lung and Broncus Cancer, Females, Incidence Rate	79	86	ME CDC Cancer Reg
Management	% Received Flu Shot or Mist past 12 months	39%	42%	Household Survey
	% Ever Received Pneumoccal Vaccine (Ages 65+)	76%	73%	Household Survey
	Bronchitis and Asthma, Hospital Admission Rate	70	87	MHDO Hosp Inpatient
	Ages 65+	101	114	MHDO Hosp Inpatient
	Bronchitis and Asthma, ED Visit Rate	921	988	MHDO Hosp ED
	Ages 65+	496	632	MHDO Hosp ED
	COPD, Hospital Admission Rate	218	284	MHDO Hosp Inpatient
	COPD, ED Visit Rate	652	998	MHDO Hosp Inpatient
	Ages 65+	1,010	1,914	MHDO Hosp Inpatient
	Pneumonia, Hospital Admission Rate	239	326	MHDO Hosp Inpatient
	Ages 65+	1,049	1,402	MHDO Hosp Inpatient
	Pneumonia, ED Visit Rate	370	505	MHDO Hosp Inpatient
	Ages 65+	556	1,053	MHDO Hosp Inpatient
	Emphysema, Hospital Admission Rate	14	23	MHDO Hosp Inpatient
	Ages 65+	40	79	MHDO Hosp Inpatient
	% Current Smokers advised to quit smoking in the past year	74%	72%	Household Survey
	% Current smokers tried to quit in past year	61%	54%	Household Survey
	% Current smokers ever used Maine Tobacco Quitline	18%	19%	Household Survey
	Lung Cancer, Mortality Rate (Males)	67	78	ODRVS Mortality 07-09
Lung Cancer, Mortality Rate (Females)	52	61	ODRVS Mortality 07-09	
COPD, Mortality Rate (Ages 65+)	295	332	ODRVS Mortality 07-09	
Pneumonia, Mortality Rate (Ages 65+)	73	103	ODRVS Mortality 07-09	
Smoking-Related Neoplasms, Mortality Rate (Males)	187	205	ODRVS Mortality 07-09	
Smoking-Related Neoplasms, Mortality Rate (Females)	137	150	ODRVS Mortality 07-09	

All rates are per 100,000 population (based on US Census estimates 2008) unless otherwise noted

		York	Maine	Maine Counties Source
CANCER HEALTH				
	All Cancers, Incidence Rate	605	629	ME CDC Cancer Reg
	Bladder, Incident Rate	38	35	ME CDC Cancer Reg
	Female Breast Cancer, Incidence Rate	163	162	ME CDC Cancer Reg
	Female Cervix Uteri, Incidence Rate	6.8	7.3	ME CDC Cancer Reg
	Colorectal, Incidence Rate	58	62	ME CDC Cancer Reg
	Lung and Bronchus Cancer, Incidence Rate	80	95	ME CDC Cancer Reg
	Melanoma, Incidence Rate	29	26	ME CDC Cancer Reg
	Male Prostate, Incidence Rate	191	187	ME CDC Cancer Reg
Management / Patient Care	% Reported Mammogram past year (40+)	68%	69%	Household Survey
	% Stage Female Breast, Local	63%	66%	ME CDC Cancer Reg
	% Stage Female Breast, Distant	4.7%	3.8%	ME CDC Cancer Reg
	% Reported Pap Smear past 2 years	70%	70%	Household Survey
	% Stage Cervix Uteri Female, Local	71%	52%	ME CDC Cancer Reg
	% Stage Cervix Uteri Female, Distant	9.5%	14%	ME CDC Cancer Reg
	% Reported Blood Stool Test Past Year (Age 50+)	18%	20%	BRFSS 2006/2008
	% Reported Having Sigmoid/Colonoscopy Past 5 Yrs (Age 50+)	66%	63%	Household Survey
	% Stage Colorectal, Local	45%	47%	ME CDC Cancer Reg
	% Stage Colorectal, Distant	16%	17%	ME CDC Cancer Reg
	% Stage Lung and Bronchus Male, Local	9%	16%	ME CDC Cancer Reg
	% Stage Lung and Bronchus Male, Distant	58%	50%	ME CDC Cancer Reg
	% Stage Lung and Bronchus Female, Local	21%	21%	ME CDC Cancer Reg
	% Stage Lung and Bronchus Female, Distant	49%	47%	ME CDC Cancer Reg
	% Reported Prostate Exam (PSA test) past 2 yrs (males Age 50+)	75%	69%	Household Survey
	% Reported Digital Rectal Exam past 2 years (males Age 50+)	69%	68%	Household Survey
	% Stage Prostate, Local	79%	76%	ME CDC Cancer Reg
	% Stage Prostate, Distant	3.0%	3.8%	ME CDC Cancer Reg
Quality/Effectiveness	All Cancers, Mortality Rate	217	234	ODRVS Mortality
	Bladder, Mortality Rate	8.3	7.5	ODRVS Mortality
	Female Breast Cancer, Mortality Rate	27	28	ODRVS Mortality
	Female Cervix Uteri, Mortality Rate	0.6	2.5	ODRVS Mortality
	Colorectal, Mortality Rate	19	21	ODRVS Mortality
	Lung, Mortality Rate	60	69	ODRVS Mortality
	Melanoma, Mortality Rate	4.8	3.6	ODRVS Mortality
	Male Prostate, Mortality Rate	19	23	ODRVS Mortality

All rates are per 100,000 population (based on US Census estimates 2008) unless otherwise noted

		York	Maine	Maine Counties Source
DIABETES HEALTH				
Disease Prevalence	% Diagnosed Diabetes	9.2%	10%	Household Survey
	Ages 18-44	3.3%	2.9%	Household Survey
	Ages 45-64	9.6%	13%	Household Survey
	Ages 65+	21%	21%	Household Survey
Management	% Reported hemoglobin A1c measurement (at least once) in past year (Age 18+)	92%	89%	Household Survey
	% Reported pupil dilation eye exam in past yr (age 18+)	73%	76%	Household Survey
	% Reported foot examination in past yr (Age 18+)	85%	78%	Household Survey
	% Reported ever taken diabetes self management course (Age 18+)	53%	54%	Household Survey
	Diabetes, Hospital Admission Rate	71	79	MHDO Hosp Inpatient
	Ages 18-44	64	75	MHDO Hosp Inpatient
	Ages 45-64	61	75	MHDO Hosp Inpatient
	Ages 65+	151	150	MHDO Hosp Inpatient
	Diabetes Short-term Complications, ACSC ED Visit Rate	3	9	MHDO Hosp Inpatient
	Diabetes Long-term Complications, ACSC ED Visit Rate	56	111	MHDO Hosp Inpatient
Diabetes Uncontrolled, ACSC ED Visit Rate	4	11		
Quality	Diabetes, Mortality Rate	20	26	ODRVS Mortality
	Ages 65+	96	126	ODRVS Mortality

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		York	Maine	Maine Counties Source
MENTAL HEALTH				
Risk Factors	% 11+ Days Mental Health Not Good	9.6%	11%	BRFSS 2008 + 2009
	Ages 65+	6.7%	6.1%	BRFSS 2008 + 2009
	% needed, but did not get, mental health treatment in past 12 months	5.5%	4.8%	Household Survey
Disease Prevalence	% receiving outpatient mental health treatment in past 12 mos	12%	11%	Household Survey
	% At Risk for Clinical Depression Based on MHI5 (18+)	7.3%	7.2%	Household Survey
	% Diagnosed Depression (ever, 18+)	24%	22%	Household Survey
	% Current Depression (18+)	18%	15%	Household Survey
	% Diagnosed Other Psychiatric Disorder (ever, 18+)	13%	13%	Household Survey
	% Developmental Delay/Learning Disability (Ages 0-17)	5.5%	4.5%	Household Survey
Management	Psychoses Hospital Admission Rate	399	578	MHDO Hosp Inpatient
	Ages 65+	170	246	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, Hospital Admission Rate	5.4	8.6	MHDO Hosp Inpatient
	Ages 65+	30	50	MHDO Hosp Inpatient
	Major Depressive Disorder, Hospital Admission Rate	135	157	MHDO Hosp Inpatient
	Ages 0-17	80	85	MHDO Hosp Inpatient
	Ages 18-64	168	196	MHDO Hosp Inpatient
	Ages 65+	72	93	MHDO Hosp Inpatient
	Bipolar Disorder, Hospital Admission Rate	178	280	MHDO Hosp Inpatient
	Ages 65+	69	88	MHDO Hosp Inpatient
	Schizophrenia, Hospital Admission Rate	65	114	MHDO Hosp Inpatient
	Ages 65+	20	39	MHDO Hosp Inpatient
	Anxiety, Hospital Admission Rate	199	269	MHDO Hosp Inpatient
	Ages 65+	48	70	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, ED Rate	19	28	MHDO Hosp ED
	Major Depressive Disorder, ED Rate	61	109	MHDO Hosp ED
	Bipolar Disorder, ED Rate	118	166	MHDO Hosp ED
	Schizophrenia, ED Rate	52	70	MHDO Hosp ED
	Anxiety Disorder, ED Rate	1,426	1,618	MHDO Hosp ED
	Suicide, Mortality Rate (Males)	23	23	ODRVS Mortality
Suicide, Mortality Rate (Females)	7.1	5.4	ODRVS Mortality	

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		York	Maine	Maine Counties Source
SUBSTANCE ABUSE				
Prevalence	% Chronic Heavy Drinking - Past Month	7.3%	6.4%	BRFSS 2008 & 2009
	Ages 65+	4.6%	4.5%	BRFSS 2008 & 2009
	% Binge Drinking -Past Month	17%	15%	BRFSS 2008 & 2009
	Ages 18-44	29%	26%	BRFSS 2008 & 2009
	% Ever diagnosed with Substance Abuse Problem	3.0%	4.7%	Household Survey
	% Current Substance Abuse Problem	1.2%	1.5%	Household Survey
	% Overdose Past 12 mos (Households)	1.3%	0.9%	Household Survey
	% have used any street drugs in past 30 days	5.6%	5.2%	Household Survey
	% have used any prescription drugs for non-prescribed purpose in past 30 days	1.9%	1.8%	Household Survey
Management	Substance Abuse, Hospital Admission Rate	320	379	MHDO Hosp Inpatient
	Ages 65+	113	149	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, Hospital Admission Rate	28	50	MHDO Hosp Inpatient
	Ages 65+	10	19	MHDO Hosp Inpatient
	Alcohol-Related Psychoses, Hospital Admission Rate	155	174	MHDO Hosp Inpatient
	Ages 65+	44	52	MHDO Hosp Inpatient
	Acute Drug-Related Mental Disorders, Hospital Admission Rate	22	39	MHDO Hosp Inpatient
	Ages 65+	6.7	6.5	MHDO Hosp Inpatient
	Drug-Related Psychoses, Hospital Admission Rate	115	117	MHDO Hosp Inpatient
	Ages 65+	52	72	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, ED Rate	78	131	MHDO Hosp ED
	Alcohol-Related Psychoses, ED Rate	16	28	MHDO Hosp ED
	Acute Drug-Related Mental Disorders, ED Rate	279	297	MHDO Hosp ED
	Drug-Related Psychoses, ED Rate	40	57	MHDO Hosp ED
	Alcohol-Related Mortality Rate (Males)	14	19	ODRVS Mortality
	Alcohol-Related Mortality Rate (Females)	9	10	ODRVS Mortality
	Alcohol Liver Disease, Mortality Rate	9	11	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Males)	16	21	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Females)	8.4	8.0	ODRVS Mortality

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		York	Maine	Maine Counties Source
REPRODUCTIVE HEALTH				
	2 or more sex partners in past yr (ages 18-34)	18%	16%	Household Survey
	% used condom last time had sex (ages 18-34)	40%	35%	Household Survey
	Teen Birth Rate (10-17yrs) Per 1,000 Females	2.8	4.1	ODRVS Birth
Management	High Risk Pregnancy, Hospital Admission Rate (10-44 year old females)	275	360	MHDO Hosp Inpatient
	C-Section Rate per 100 births	29	30	ODRVS Birth
	% Adequate Prenatal Care (of live births)	92%	91%	ODRVS Birth
	% Inadequate Prenatal Care (of live births)	2.4%	2.5%	ODRVS Birth
	% Low Birthweight (<2500 grams)	6.3%	6.4%	ODRVS Birth
	% Prematurity (< 37 weeks)	9.3%	8.7%	ODRVS Birth
	Infant Mortality Rate (deaths to infants from birth through 364 days of age) per 1,000 live births	5.8	5.5	ODRVS Mortality
	Neonatal Mortality Rate (deaths to infants under 28 days) per 1,000 live births	4.6	3.9	ODRVS Mortality
CHILD/YOUTH HEALTH				
	% Seriously Considered Suicide	15%	14%	MIYHS 2009
	% Current Smoker (Past Month) (Grade 9-12)	20%	20%	MIYHS 2009
	% Current Smokeless Tobacco User	8.5%	9.5%	MIYHS 2009
	% Alcohol Use (Past Month) (Grade 9-12)	35%	35%	MIYHS 2009
	% Binge Drink (5+ in a row) Past Month (Grade 9-12)	21%	21%	MIYHS 2009
	% Marijuana Use (Past Month) (Grade 9-12)	25%	24%	MIYHS 2009
	% Sniffed Glue or Other Inhalant (Past Month) (Grade 9-12)	9%	9%	MIYHS 2009
	% Regular Physical Activity (at least 60 min on 5 of last 7 dys)	38%	39%	MIYHS 2009
	% Consume fruits and vegetables 5 or more times/day	17%	15%	MIYHS 2009
	Teen Birth Rate (10-17yrs) Per 1,000 Female Population	2.8	4.1	ODRVS Birth
Prevalance	% Ever Been Diagnosed with Asthma (0-17) parental report	5.5%	6.1%	Household Survey
	% Overweight/Obesity Problem (0-17) parental report	1.2%	2.0%	Household Survey
	% Overweight (Grade 9-12)	14%	14%	MIYHS 2009
	% Obese (Grade 9-12)	11%	13%	MIYHS 2009
	% with developmental delay or learning disability (0-17) parental report	5.5%	4.5%	Household Survey
Management	ACSC, ED Rate - Overall PQI (Ages 0-17)	1,633	1,994	MHDO Hosp Inpatient
	ACSC, Hospital Admission Rate - Overall PQI (Ages 0-17)	157	191	MHDO Hosp Inpatient
	Asthma and Bronchitis, Hospital Admission Rate (Ages 0-17)	150	196	MHDO Hosp Inpatient
	Pneumonia, Hospital Admission Rate (Ages 0-17)	103	132	MHDO Hosp Inpatient
	Psychoses Hospital Admission Rate (Ages 0-17)	290	484	MHDO Hosp Inpatient
	Major Depressive Disorder, Hospital Admission Rate (Ages 0-17)	80	85	MHDO Hosp Inpatient
	Bipolar Disorder, Hospital Admission Rate (Ages 0-17)	197	353	MHDO Hosp Inpatient
	Asthma and Bronchitis, ED Rate (Ages 0-17)	975	1,145	MHDO Hosp ED
	Pneumonia, ED Rate (Ages 0-17)	483	516	MHDO Hosp ED

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		York	Maine	Maine Counties Source
ORTHOPEDICS				
% Diagnosed Arthritis		31%	32%	BRFSS 2007 & 2009
Ages 65+		56%	59%	BRFSS 2007 & 2009
Hip Procedures, Hospital Admission Rate		70	93	MHDO Hosp Inpatient
Ages 65+		363	452	MHDO Hosp Inpatient
Head Brain Injury, Hospital Admission Rate		47	57	MHDO Hosp Inpatient
Ages 65+		156	180	MHDO Hosp Inpatient
INFECTIOUS DISEASE				
HIV/AIDS, Hospital Admissions Rate		4.0	5.1	MHDO Hosp Inpatient
Chronic Hepatitis C, Number of Case Reports*		185	1453	ME CDC Infect Disease 2007
Sexually Transmitted Disease Incidence Rate:				
Gonorrhea		5.9	7.3	ME CDC Infect Disease 2008
Chlamydia		137	197	ME CDC Infect Disease 2008
INTIMATE PARTNER VIOLENCE				
% Ever physically hurt by Intimate Partner		9.7%	12%	Household Survey
% Past yr physical violence or unwanted sex from Intimate Partner		1.2%	1.2%	Household Survey

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* A Hepatitis C case report is defined as the presence of any positive serologic marker for Hepatitis C infection. State cases include reports where no county data was available so Maine total exceeds sum of counties.