

**Lincoln County Healthcare**  
MaineHealth

**LINCOLN COUNTY HEALTHCARE  
(Miles Memorial Hospital and St. Andrews Hospital)  
Boothbay Harbor, Maine**

**Community Health Needs Assessment &  
Implementation Plan**

**October 1, 2013 – September 30, 2015**

## **1. Description of the Community Served**

Lincoln County Healthcare (LCH) is a full-service health care system with main campuses in the coastal communities of Boothbay Harbor and Damariscotta. Employing nearly 1200 full and part-time employees, Lincoln County Healthcare is dedicated to improving the health of its community.

LCH predominantly serves the area of Lincoln County, which is located in the mid-coast region of the state and has a population of 34,180 that swells in the summer with tourist and seasonal residents. It has a highly rural land area totaling 455 square miles, including 451 miles of coast and six rivers. It also includes remote Monhegan Island, located 12 miles from shore. Its largest populations are found in the communities of Boothbay Harbor, Damariscotta-Newcastle, Waldoboro, and Wiscasset. Lincoln County is the “oldest” and “Whitest” in the MaineHealth service area, with 22.3% of residents over the age of 65 and 97.6% of residents being White. It also has the lowest population of individuals under age 18 (18.2%). At \$48,862, its annual household income is higher than the state average of \$46,541. The rate of individuals uninsured exceeds the state average – 13.6% vs. 12.2%. Lincoln County is also the second most educated county in the MaineHealth service area with 31.3% of the population holding a bachelor’s degree or higher and 92.3% of the population being high school graduates.

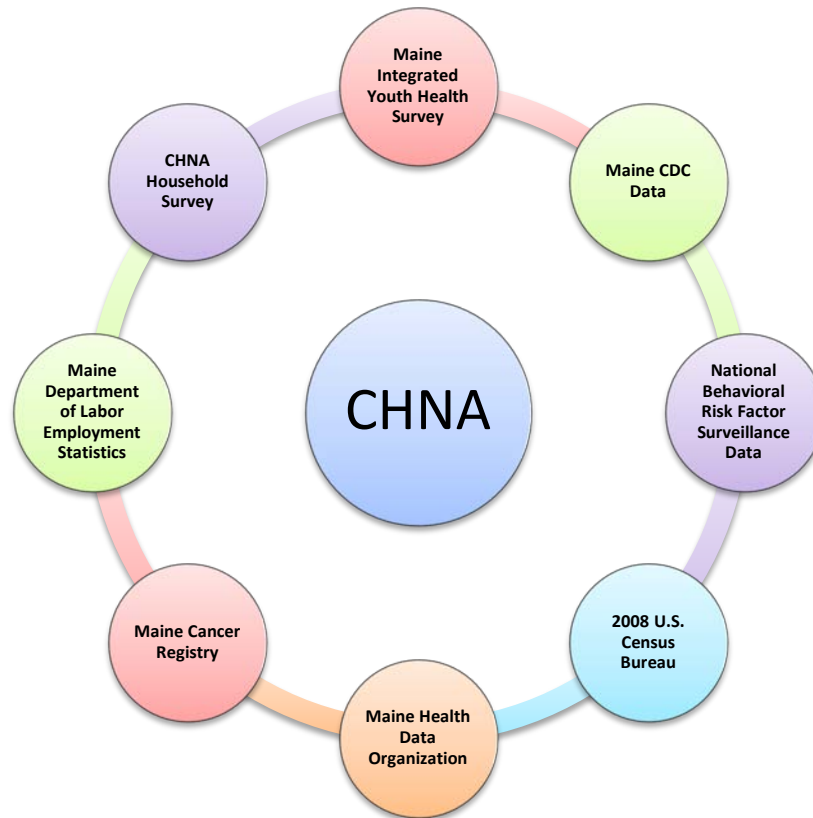
LCH is a member of the MaineHealth system, a not-for-profit family of leading high-quality providers and healthcare organizations working together to make their communities the healthiest in America. Ranked among the nation’s top 100 integrated delivery networks, MaineHealth’s service area is home to 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 Lincoln 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 17<sup>th</sup> to September 16<sup>th</sup>, 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 LCH included:

- Healthy Lincoln County, A Healthy Maine Partnership, Maine State Division of Local Public – Brenda Hamilton, MSW, Program Director

- Brenda Hamilton served on the planning committee for the community forum and support the community forum.
- MaineHealth Clinical Integration Division – Julie Osgood, MS, Senior Director of Operations
  - Julie Osgood provided expertise and support for the planning process and co-led the community forum.
- Midcoast Maine Center for Disease Control – Jennifer Gunderman-King, MPH, Midcoast Maine Public Health Liaison
  - Jennifer Gunderman-King was part of the planning process for the community forum.
- Maine Primary Care Association – Rebecca Morin, MPH, Director of Continuous Quality Improvement
  - Rebecca Morin served on the planning committee for the community forum.
- Lincoln County Healthcare – Cathy Cole, Director of Education/Community Outreach and BRHS School Based Health Center
  - Cathy Cole served on the planning committee for the community forum and represented the needs of community members in Lincoln County.

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

- Mid Coast Mental Health
- Miles Memorial Hospital
- St. Andrews Hospital
- Aspen Dental
- Guidance counselors
- Sweetser
- Addiction Resource Center
- Lincoln Academy High School School-based Health Center
- Boothbay Region School-based Health Center
- Substance Abuse Counselors
- D.A.R.E./S.R.O
- Youth Promise
- Healthy Lincoln County (Healthy Maine Partnership)
- Law Enforcement
- Narcotics Anonymous
- Alcoholics Anonymous
- FARMS
- Boothbay and CLC YMCAs
- LCH Let's Go! Program
- Spectrum Generation
- Employee Wellness Programs
- Biking Coalition of Maine
- Midcoast Health Coalition
- Rising Tide
- Maine EPA
- Smoking cessation programs
- Denture Designs
- CarePartners
- LincMe
- Midcoast Coordinating District Council
- Dieticians/Diabetes Educators
- Childbirth/Prenatal Care Educators
- Maine Tobacco Helpline
- Center for Tobacco Independence Helper's Program
- Healthy Kids!
- Family Planning Association of Maine
- Cove's Edge Long-Term Care
- St. Andrews Village Long-Term Care and Dementia Care
- Chase Point/Riverside Dementia Care
- Miles and St. Andrews Home Health and Hospice
- Lincoln Medical Partners Provider Practices

## 5. Prioritized Description of All Community Health Needs Identified

All priorities:

- Alcohol and substance use\*\*
- **Cancer**
- **Hospital admissions**
- **Obesity\*\***
- *Reproductive health*
- 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

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
Alcohol and substance use	Monitor and enroll new providers in Prescription Monitoring Program  Train ED physicians to provide dental blocks to patients reporting to the ED with dental pain	Decrease the number of people reporting substance abuse problems  Increase alcohol and substance use treatment infrastructure	Achievement of 90% enrollment of physicians in Maine Prescription Monitoring Program (PMP)	Lincoln Medical Partners Practice Managers  LCH Education and Community Outreach Director  Funding support for contracted services	Healthy Lincoln County  Maine Prescription Monitoring Program  Local dentists
Hospital admissions	Convened Community Transitions of Care Team  LCH discharge planners/social workers refer	Decrease rate of preventable hospital admissions	Monitor preventable hospitalization rates, especially for respiratory and drug related issues	LCH Quality and Discharge Planning Staff	MaineHealth  Spectrum Generations

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	<p>patients needing support services upon discharge</p> <p>Create process improvement plan to monitor hospital readmissions rates</p>				
Obesity	<p>Fall enrollment of new sectors</p> <p>Let's Go! Awards Night</p> <p>Hold Annual Childcare Conference</p> <p>Let's Go Booster Club Night</p> <p>Working with School Food Service Directors and training school staff in basic cooking skills</p> <p>Complete sustainability plan</p> <p>Provide technical support to current sites</p>	Decrease the rate of obesity	Achievement of 95% of Let's Go! Lincoln County Outcomes (reach/penetration, communication, sustainability)	<p>LCH Let's Go! Program Coordinator</p> <p>MaineHealth grant funding</p> <p>Harvard Pilgrim grant funding</p> <p>LCH funding</p>	<p>Let's Go! Home Office</p> <p>Food Service Directors</p> <p>Pen Bay Medical Center's Let's Go! Program</p> <p>Local YMCAs</p> <p>Childcare centers</p> <p>Schools</p> <p>Lincoln County Provider Practices</p> <p>FARMS</p>
Smoking	Increase # of staff trained in CTI's Basic Tobacco Treatment program	Decrease smoking incidence	Monitor # of patients referred to Maine Tobacco Helpline	Miles Memorial Hospital Inpatient Tobacco Intervention services	Center for Tobacco Independence  Maine Medical

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	<p>Provide training to Lincoln Medical Partners' Providers and Medical Assistants re: services provided by and referral process for Maine Tobacco Helpline and local resources</p> <p>Train Certified Respiratory Therapists to provide inpatient assessment, interventions, and referrals</p>		<p>Monitor percentage of smokers encouraged to quit by providers</p>		<p>Partners</p> <p>Quality Improvement Staff</p>
Youth issues	<p>Focus groups with youth</p> <p>Provide "Helpers" training to youth and adult mentors</p> <p>Train school-based health center staff as certified tobacco trainers</p> <p>Involve youth in enrollment of "Star Stores"</p> <p>Support enforcement of tobacco-free school policies</p>	<p>Target youths to improve overall health</p> <p>Increase # of "No Buts" and "Star Stores"</p>	<p>Monitor referrals to tobacco cessation programs</p> <p>Monitor # of retailers signing up as "No Buts" and/or "Star Stores"</p>	<p>LCH staff and funding</p> <p>CTG grant funding</p> <p>Modified "Helpers" program</p>	<p>MaineHealth</p> <p>Center for Tobacco Independence</p> <p>Healthy Lincoln County</p>



## **APPENDIX 1**

## LINCOLN COUNTY KEY FINDINGS

- 2008 Population Estimate = 34,720
- 2008 Median Household Income 2008 = \$48,232
- 19% of residents are age 65+
- 19% of residents enrolled in Medicaid

### Health Risks and Challenges

### Health Assets and Opportunities

#### Risk Factors

- **Smoking:** Highest number of former smokers of any county [LIN=43% , ME=31% ]
- **Alcohol and Substance Use:**
  - Highest percentage of respondents ever diagnosed with substance abuse problem [LIN= 8.7%, ME=4.7%]
  - High percentage of respondents with current substance abuse problem [LIN=2.2% , ME=1.5%]
- **Reproductive Health:** High percentage of babies born prematurely and with low birth weight [LIN= 9.7%, 7.5%; ME=8.7%, 6.4%]
- **Youth (Grades 9-12):**
  - Highest percentage of youths report suicidal ideation of any county [LIN= 18%, ME=14%]
  - Highest percentage of youth smokers and users of smokeless tobacco [LIN=29%, 14%, ME=20%, 10%]
  - High percentage report using alcohol and binge drinking in past month [LIN=42%, 25%, ME=35%, 21%]
  - Highest percentage of youths reported using marijuana, sniffing glue, or misusing prescription drugs in past month [LIN= 29%, 14%, 17%, ME=24%, 9.3%, 11%]
  - Lowest percentage regular exercise [LIN=32, ME=39%]
  - High percentage obese [LIN=17%, ME=13%]

- **Health Status:** Low percentage reporting 11+ days lost due to poor mental or physical health [LIN=6.1% , ME=7.9% ]
- **Access to care:** Low percentage without a usual source of care [LIN=11%. ME=13%], especially among females [LIN=4.7%, ME=8.3%]
- **Oral Health:** Low percentage with no dental visit in past two years [LIN=20%, ME=24%]
- **Prevention:** Highest percentage of males 50+ reporting digital rectal exam within past 2 years [LIN= 75%, ME=68% ]
- **Reproductive Health:** Lowest teen birth rate of any county

#### Disease Incidence & Prevalence

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>Cancer:</b> <ul style="list-style-type: none"> <li>○ Highest percentage diagnosed with cancer of any county [LIN= 9.9%, ME=7.5% ]</li> <li>○ Highest incidence rate of bladder cancer</li> <li>○ High incidence rate of breast cancer, prostate and melanoma cancers</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>COPD:</b> Low prevalence of COPD [LIN=3.7%, ME=4.2% ]</li> <li>• <b>Infectious Disease:</b> Low incidence of gonorrhea and chlamydia infections</li> </ul> |
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## Health Risks and Challenges

## Health Assets and Opportunities

### Hospital Utilization & Mortality Rates

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• <b>Hospital Admissions</b> <ul style="list-style-type: none"> <li>○ High hospital admissions rate for strokes and CABG</li> <li>○ High hospital admissions rate for emphysema</li> </ul> </li> <li>• <b>Mortality:</b> <ul style="list-style-type: none"> <li>○ High mortality rate for COPD, pneumonia, and smoking-related neoplasms</li> <li>○ High all-cancer mortality rate</li> <li>○ High mortality rates for melanoma, bladder, colorectal, prostate cancers</li> <li>○ High mortality rate for alcohol-related deaths</li> <li>○ Highest mortality rate of any county for motor vehicle accidents</li> <li>○ High infant mortality rate</li> <li>○ High mortality rates for heart disease and stroke</li> <li>○ High all-cancer mortality rate</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Low rate of hospital admission rate for ambulatory care sensitive conditions</li> <li>• Low hospital admission rate for AMI</li> <li>• Low hospital admission rate for psychoses, senility, and bipolar disorder</li> <li>• Lowest hospital admission rate for schizophrenia of any county</li> <li>• Low hospital admission rate for substance abuse, and alcohol- and drug-related psychoses</li> <li>• Low hospital admission rate for HIV infections</li> <li>• Low hospital admissions rate for high-risk pregnancy</li> <li>• Low rate of youth emergency department (ED) visits for ambulatory care sensitive conditions</li> <li>• Low hospital admission and ED visit rate for asthma and bronchitis</li> <li>• Low ED visit rate for COPD</li> <li>• Low ED visit rate for uncontrolled diabetes</li> <li>• Low ED visit rate for senility, major depressive disorder, schizophrenia, and anxiety</li> <li>• Low ED visit rate for alcohol- and drug-related psychoses</li> <li>• Low diabetes mortality rate</li> <li>• Low AMI mortality rate</li> </ul> |
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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 2<sup>nd</sup> 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

		Lincoln	Maine	Maine Counties Source
<b>DEMOGRAPHICS</b>				
Total Population		34,720	1,319,691	2008 Census Estimates
Median Annual Household Income (to 2008)		\$48,232	\$46,807	ME SPO Data Center
% of Labor Force Unemployed		6.3%	7.8%	ME Dept Labor
% Population Not Attaining H.S. Diploma (>25 yr)		12%	15%	2000 Census
% Population on Medicaid (all ages)		19%	23%	2004 CMS, HRSA Area Resource File
% Population Under the Age of 18		19%	21%	2008 Census Estimates
% Population Age 65 and Over		19%	15%	2008 Census Estimates
% Uninsured Non-Elderly Adults (Ages 18-65)		16%	16%	Household Survey
<b>HEALTH STATUS</b>				
% Health Fair to Poor		14%	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		29%	34%	Household Survey
%At Risk for Future Medical Problems		6%	8%	Household Survey
%Some Health Problems		45%	36%	Household Survey
%Not Well		19%	23%	Household Survey
<b>ACCESS TO CARE</b>				
% Without Usual Source of Primary Care (Males)		18%	18%	Household Survey
% Without Usual Source of Primary Care (Females)		4.7%	8.3%	Household Survey
% Named hospital or ER as usual source of care		2.0%	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)		5.9%	6.4%	Household Survey
% Received Flu Shot or Mist past 12 months		38%	42%	Household Survey
% Ever Received Pneumococcal Vaccine (Age 65+)		71%	73%	Household Survey
% Needed Medical Care But Could not Afford it: Past Year		6.3%	6.5%	Household Survey
% No Dental Visit in Past 2 Years		20%	24%	Household Survey
ED Visits per 100,000 population		46,456	47,665	MHDO Hosp ED
Ages 65+		55,556	49,497	MHDO Hosp ED
Hospitalizations per 100,000 Population		12,536	12,076	MHDO Hosp Inpatient
Ages 65+		31,003	31,396	MHDO Hosp Inpatient
<b>QUALITY/EFFECTIVENESS</b>				
Ambulatory Care Sensitive Condition (ACSC), Hospital Admission Rate (Overall PQI*)		1,069	967	MHDO Hosp Inpatient
Ages 0-17		157	191	MHDO Hosp Inpatient
Ages 18-44		218	234	MHDO Hosp Inpatient
Ages 45-64		553	707	MHDO Hosp Inpatient
Ages 65+		4,064	4,166	MHDO Hosp Inpatient
Ambulatory Care Sensitive Condition (ACSC), ED Visit Rate (Overall PQI*)		2,789	3,073	MHDO Hosp Inpatient
Ages 0-17		1,730	1,994	MHDO Hosp Inpatient
Ages 18-44		2,484	2,868	MHDO Hosp Inpatient
Ages 45-64		1,853	2,374	MHDO Hosp Inpatient
Ages 65+		5,881	6,375	MHDO Hosp Inpatient

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

		Lincoln	Maine	Maine Counties Source
<b>CARDIOVASCULAR HEALTH</b>				
Risk Factors	% Current Smokers (Age 18+)	19%	22%	Household Survey
	% Sedentary Lifestyle (measured by no physical activity)	20%	21%	Household Survey
	% Overweight (Ages 18+)	34%	37%	Household Survey
	% Obesity (Ages 18+)	25%	28%	Household Survey
Disease Prevalence	% High Cholesterol	29%	29%	Household Survey
	% High Blood Pressure	30%	30%	Household Survey
	% Heart Disease	7.7%	6.3%	Household Survey
Management	Congestive Heart Failure, Hospital Admissions	302	283	MHDO Hosp Inpatient
	AMI, Hospital Admission Rate	158	211	MHDO Hosp Inpatient
	Ages 45-64	120	157	MHDO Hosp Inpatient
	Ages 65+	584	1,037	MHDO Hosp Inpatient
	Cerebrovascular Disease (stroke), Hospital Admission Rate	170	149	MHDO Hosp Inpatient
	CABG, Hospital Admission Rate	81	62	MHDO Hosp Inpatient
	% Having Cholesterol Checked within the past year (Ages 21+)	61%	63%	Household Survey
	% Smokers advised to quit smoking in the past yr.	71%	72%	Household Survey
Quality/Effectiveness	AMI, Mortality Rate	36	45	ODRVS Mortality
	Ages 65+	158	232	ODRVS Mortality
	Cerebrovascular Disease (stroke), Mortality Rate	69	49	ODRVS Mortality
	Ages 65+	325	294	ODRVS Mortality
	Heart Disease, Mortality Rate	240	202	ODRVS Mortality
	Ages 65+	1,010	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

		Lincoln	Maine	Maine Counties Source	
<b>RESPIRATORY HEALTH</b>					
	% Current Smokers (Male)	21%	23%	Household Survey	
	% Current Smokers (Female)	17%	20%	Household Survey	
	% Former Smokers	43%	31%	Household Survey	
Disease Prevalence	% Current Asthma (Ages 18+)	11%	10%	Household Survey	
	% Ever Asthma (Ages 0-17)	5.7%	6.1%	Household Survey	
	% COPD	3.7%	4.2%	Household Survey	
	Lung and Broncus Cancer, Males, Incidence Rate	86	105	ME CDC Cancer Reg	
	Lung and Broncus Cancer, Females, Incidence Rate	101	86	ME CDC Cancer Reg	
Management	% Received Flu Shot or Mist past 12 months	38%	42%	Household Survey	
	% Ever Received Pneumococcal Vaccine (Ages 65+)	71%	73%	Household Survey	
	Bronchitis and Asthma, Hospital Admission Rate	52	87	MHDO Hosp Inpatient	
	Ages 65+	52	114	MHDO Hosp Inpatient	
	Bronchitis and Asthma, ED Visit Rate	763	988	MHDO Hosp ED	
	Ages 65+	554	632	MHDO Hosp ED	
	COPD, Hospital Admission Rate	276	284	MHDO Hosp Inpatient	
	COPD, ED Visit Rate	822	998	MHDO Hosp Inpatient	
	Ages 65+	1,633	1,914	MHDO Hosp Inpatient	
	Pneumonia, Hospital Admission Rate	350	326	MHDO Hosp Inpatient	
	Ages 65+	1,167	1,402	MHDO Hosp Inpatient	
	Pneumonia, ED Visit Rate	477	505	MHDO Hosp Inpatient	
	Ages 65+	828	1,053	MHDO Hosp Inpatient	
	Emphysema, Hospital Admission Rate	33	23	MHDO Hosp Inpatient	
	Ages 65+	118	79	MHDO Hosp Inpatient	
		% Current Smokers advised to quit smoking in the past year	71%	72%	Household Survey
		% Current smokers tried to quit in past year	45%	54%	Household Survey
	% Current smokers ever used Maine Tobacco Quitline	20%	19%	Household Survey	
	Lung Cancer, Mortality Rate (Males)	85	78	ODRVS Mortality 07-09	
	Lung Cancer, Mortality Rate (Females)	68	61	ODRVS Mortality 07-09	
	COPD, Mortality Rate (Ages 65+)	310	332	ODRVS Mortality 07-09	
	Pneumonia, Mortality Rate (Ages 65+)	103	103	ODRVS Mortality 07-09	
	Smoking-Related Neoplasms, Mortality Rate (Males)	230	205	ODRVS Mortality 07-09	
	Smoking-Related Neoplasms, Mortality Rate (Females)	178	150	ODRVS Mortality 07-09	

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

		Lincoln	Maine	Maine Counties Source
<b>CANCER HEALTH</b>				
	All Cancers, Incidence Rate	715	629	ME CDC Cancer Reg
	Bladder, Incident Rate	45	35	ME CDC Cancer Reg
	Female Breast Cancer, Incidence Rate	203	162	ME CDC Cancer Reg
	Female Cervix Uteri, Incidence Rate	3.8	7.3	ME CDC Cancer Reg
	Colorectal, Incidence Rate	60	62	ME CDC Cancer Reg
	Lung and Bronchus Cancer, Incidence Rate	94	95	ME CDC Cancer Reg
	Melanoma, Incidence Rate	31	26	ME CDC Cancer Reg
	Male Prostate, Incidence Rate	228	187	ME CDC Cancer Reg
Management / Patient Care	% Reported Mammogram past year (40+)	71%	69%	Household Survey
	% Stage Female Breast, Local	65%	66%	ME CDC Cancer Reg
	% Stage Female Breast, Distant	2.8%	3.8%	ME CDC Cancer Reg
	% Reported Pap Smear past 2 years	72%	70%	Household Survey
	% Stage Cervix Uteri Female, Local	50%	52%	ME CDC Cancer Reg
	% Stage Cervix Uteri Female, Distant	0%	14%	ME CDC Cancer Reg
	% Reported Blood Stool Test Past Year (Age 50+)	20%	20%	BRFSS 2006/2008
	% Reported Having Sigmoid/Colonoscopy Past 5 Yrs (Age 50+)	63%	63%	Household Survey
	% Stage Colorectal, Local	41%	47%	ME CDC Cancer Reg
	% Stage Colorectal, Distant	22%	17%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Male, Local	5.0%	16%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Male, Distant	57%	50%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Female, Local	11%	21%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Female, Distant	50%	47%	ME CDC Cancer Reg
% Reported Prostate Exam (PSA test) past 2 yrs (males Age 50+)	65%	69%	Household Survey	
% Reported Digital Rectal Exam past 2 years (males Age 50+)	75%	68%	Household Survey	
% Stage Prostate, Local	77%	76%	ME CDC Cancer Reg	
% Stage Prostate, Distant	3.4%	3.8%	ME CDC Cancer Reg	
Quality/Effectiveness	All Cancers, Mortality Rate	267	234	ODRVS Mortality
	Bladder, Mortality Rate	12	7.5	ODRVS Mortality
	Female Breast Cancer, Mortality Rate	21	28	ODRVS Mortality
	Female Cervix Uteri, Mortality Rate	1.9	2.5	ODRVS Mortality
	Colorectal, Mortality Rate	27	21	ODRVS Mortality
	Lung, Mortality Rate	76	69	ODRVS Mortality
	Melanoma, Mortality Rate	5.8	3.6	ODRVS Mortality
	Male Prostate, Mortality Rate	29	23	ODRVS Mortality

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

		Lincoln	Maine	Maine Counties Source
<b>DIABETES HEALTH</b>				
Disease Prevalance	% Diagnosed Diabetes	10%	10%	Household Survey
	Ages 18-44	6.3%	2.9%	Household Survey
	Ages 45-64	10%	13%	Household Survey
	Ages 65+	15%	21%	Household Survey
Management	% Reported hemoglobin A1c measurement (at least once) in past year (Age 18+)	84%	89%	Household Survey
	% Reported pupil dilation eye exam in past yr (age 18+)	76%	76%	Household Survey
	% Reported foot examination in past yr (Age 18+)	86%	78%	Household Survey
	% Reported ever taken diabetes self management course (Age 18+)	47%	54%	Household Survey
	Diabetes, Hospital Admission Rate	72	79	MHDO Hosp Inpatient
	Ages 18-44	57	75	MHDO Hosp Inpatient
	Ages 45-64	60	75	MHDO Hosp Inpatient
	Ages 65+	133	150	MHDO Hosp Inpatient
	Diabetes Short-term Complications, ACSC ED Visit Rate	13	9	MHDO Hosp Inpatient
	Diabetes Long-term Complications, ACSC ED Visit Rate	92	111	MHDO Hosp Inpatient
Diabetes Uncontrolled, ACSC ED Visit Rate	7	11		
Quality	Diabetes, Mortality Rate	23	26	ODRVS Mortality
	Ages 65+	103	126	ODRVS Mortality

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		Lincoln	Maine	Maine Counties Source
<b>MENTAL HEALTH</b>				
Risk Factors	% 11+ Days Mental Health Not Good	11%	11%	BRFSS 2008 + 2009
	Ages 65+	5.7%	6.1%	BRFSS 2008 + 2009
	% needed, but did not get, mental health treatment in past 12 months	4.0%	4.8%	Household Survey
Disease Prevalence	% receiving outpatient mental health treatment in past 12 mos	9.8%	11%	Household Survey
	% At Risk for Clinical Depression Based on MHI5 (18+)	5.9%	7.2%	Household Survey
	% Diagnosed Depression (ever, 18+)	21%	22%	Household Survey
	% Current Depression (18+)	14%	15%	Household Survey
	% Diagnosed Other Psychiatric Disorder (ever, 18+)	13%	13%	Household Survey
	% Developmental Delay/Learning Disability (Ages 0-17)	4.4%	4.5%	Household Survey
Management	Psychoses Hospital Admission Rate	448	578	MHDO Hosp Inpatient
	Ages 65+	163	246	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, Hospital Admission Rate	4.3	8.6	MHDO Hosp Inpatient
	Ages 65+	15	50	MHDO Hosp Inpatient
	Major Depressive Disorder, Hospital Admission Rate	143	157	MHDO Hosp Inpatient
	Ages 0-17	120	85	MHDO Hosp Inpatient
	Ages 18-64	174	196	MHDO Hosp Inpatient
	Ages 65+	66	93	MHDO Hosp Inpatient
	Bipolar Disorder, Hospital Admission Rate	240	280	MHDO Hosp Inpatient
	Ages 65+	66	88	MHDO Hosp Inpatient
	Schizophrenia, Hospital Admission Rate	40	114	MHDO Hosp Inpatient
	Ages 65+	22	39	MHDO Hosp Inpatient
	Anxiety, Hospital Admission Rate	251	269	MHDO Hosp Inpatient
	Ages 65+	60	70	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, ED Rate	24	28	MHDO Hosp ED
	Major Depressive Disorder, ED Rate	69	109	MHDO Hosp ED
	Bipolar Disorder, ED Rate	154	166	MHDO Hosp ED
	Schizophrenia, ED Rate	36	70	MHDO Hosp ED
	Anxiety Disorder, ED Rate	1,224	1,618	MHDO Hosp ED
	Suicide, Mortality Rate (Males)	35	23	ODRVS Mortality
Suicide, Mortality Rate (Females)	1.9	5.4	ODRVS Mortality	

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		Lincoln	Maine	Maine Counties Source
<b>SUBSTANCE ABUSE</b>				
Prevalence	% Chronic Heavy Drinking - Past Month	6.7%	6.4%	BRFSS 2008 & 2009
	Ages 65+	9.4%	4.5%	BRFSS 2008 & 2009
	% Binge Drinking -Past Month	14%	15%	BRFSS 2008 & 2009
	Ages 18-44	24%	26%	BRFSS 2008 & 2009
	% Ever diagnosed with Substance Abuse Problem	8.7%	4.7%	Household Survey
	% Current Substance Abuse Problem	2.2%	1.5%	Household Survey
	% Overdose Past 12 mos (Households)	1.9%	0.9%	Household Survey
	% have used any street drugs in past 30 days	4.7%	5.2%	Household Survey
% have used any prescription drugs for non-prescribed purpose in past 30 days	0.9%	1.8%	Household Survey	
Management	Substance Abuse, Hospital Admission Rate	288	379	MHDO Hosp Inpatient
	Ages 65+	140	149	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, Hospital Admission Rate	46	50	MHDO Hosp Inpatient
	Ages 65+	15	19	MHDO Hosp Inpatient
	Alcohol-Related Psychoses, Hospital Admission Rate	115	174	MHDO Hosp Inpatient
	Ages 65+	30	52	MHDO Hosp Inpatient
	Acute Drug-Related Mental Disorders, Hospital Admission Rate	40	39	MHDO Hosp Inpatient
	Ages 65+	7.4	6.5	MHDO Hosp Inpatient
	Drug-Related Psychoses, Hospital Admission Rate	86	117	MHDO Hosp Inpatient
	Ages 65+	89	72	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, ED Rate	122	131	MHDO Hosp ED
	Alcohol-Related Psychoses, ED Rate	30	28	MHDO Hosp ED
	Acute Drug-Related Mental Disorders, ED Rate	184	297	MHDO Hosp ED
	Drug-Related Psychoses, ED Rate	49	57	MHDO Hosp ED
Mortality	Alcohol-Related Mortality Rate (Males)	22	19	ODRVS Mortality
	Alcohol-Related Mortality Rate (Females)	21	10	ODRVS Mortality
	Alcohol Liver Disease, Mortality Rate	15	11	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Males)	47	21	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Females)	13	8.0	ODRVS Mortality

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		Lincoln	Maine	Maine Counties Source
<b>REPRODUCTIVE HEALTH</b>				
	2 or more sex partners in past yr (ages 18-34)	19%	16%	Household Survey
	% used condom last time had sex (ages 18-34)	34%	35%	Household Survey
	Teen Birth Rate (10-17yrs) Per 1,000 Females	2.2	4.1	ODRVS Birth
Management	High Risk Pregancy, Hospital Admission Rate (10-44 year old females)	264	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)	2.5%	2.5%	ODRVS Birth
	% Low Birthweight (<2500 grams)	7.5%	6.4%	ODRVS Birth
	% Prematurity (< 37 weeks)	9.7%	8.7%	ODRVS Birth
	Infant Mortality Rate (deaths to infants from birth through 364 days of age) per 1,000 live births	6.6	5.5	ODRVS Mortality
	Neonatal Mortality Rate (deaths to infants under 28 days) per 1,000 live births	*	3.9	ODRVS Mortality
	<b>CHILD/YOUTH HEALTH</b>			
	% Seriously Considered Suicide	18%	14%	MIYHS 2009
	% Current Smoker (Past Month) (Grade 9-12)	29%	20%	MIYHS 2009
	% Current Smokeless Tobacco User	14%	9.5%	MIYHS 2009
	% Alcohol Use (Past Month) (Grade 9-12)	42%	35%	MIYHS 2009
	% Binge Drink (5+ in a row) Past Month) (Grade 9-12)	25%	21%	MIYHS 2009
	% Marijuana Use (Past Month) (Grade 9-12)	29%	24%	MIYHS 2009
	% Sniffed Glue or Other Inhalant (Past Month) (Grade 9-12)	14%	9%	MIYHS 2009
	% Regular Physical Activity (at least 60 min on 5 of last 7 dys)	32%	39%	MIYHS 2009
	% Consume fruits and vegetables 5 or more times/day	15%	15%	MIYHS 2009
	Teen Birth Rate (10-17yrs) Per 1,000 Female Population	2.2	4.1	ODRVS Birth
Prevalance	% Ever Been Diagnosed with Asthma (0-17) parental report	5.7%	6.1%	Household Survey
	% Overweight/Obesity Problem (0-17) parental report	0.7%	2.0%	Household Survey
	% Overweight (Grade 9-12)	15%	14%	MIYHS 2009
	% Obese (Grade 9-12)	17%	13%	MIYHS 2009
	% with developmental delay or learning disability (0-17) parental report	4.4%	4.5%	Household Survey
Management	ACSC, ED Rate - Overall PQI (Ages 0-17)	1,730	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)	135	196	MHDO Hosp Inpatient
	Pneumonia, Hospital Admission Rate (Ages 0-17)	165	132	MHDO Hosp Inpatient
	Psychoses Hospital Admission Rate (Ages 0-17)	427	484	MHDO Hosp Inpatient
	Major Depressive Disorder, Hospital Admission Rate (Ages 0-17)	120	85	MHDO Hosp Inpatient
	Bipolar Disorder, Hospital Admission Rate (Ages 0-17)	292	353	MHDO Hosp Inpatient
	Asthma and Bronchitis, ED Rate (Ages 0-17)	974	1,145	MHDO Hosp ED
	Pneumonia, ED Rate (Ages 0-17)	479	516	MHDO Hosp ED

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		Lincoln	Maine	Maine Counties Source
<b>ORTHOPEDICS</b>				
	% Diagnosed Arthritis	34%	32%	BRFSS 2007 & 2009
	Ages 65+	55%	59%	BRFSS 2007 & 2009
	Hip Procedures, Hospital Admission Rate	108	93	MHDO Hosp Inpatient
	Ages 65+	473	452	MHDO Hosp Inpatient
	Head Brain Injury, Hospital Admission Rate	53	57	MHDO Hosp Inpatient
	Ages 65+	148	180	MHDO Hosp Inpatient
<b>INFECTIOUS DISEASE</b>				
	HIV/AIDS, Hospital Admissions Rate	2.9	5.1	MHDO Hosp Inpatient
	Chronic Hepatitis C, Number of Case Reports*	16	1453	ME CDC Infect Disease 2007
	Sexually Transmitted Disease Incidence Rate:			
	Gonorrhea	0	7.3	ME CDC Infect Disease 2008
	Chlamydia	104	197	ME CDC Infect Disease 2008
<b>INTIMATE PARTNER VIOLENCE</b>				
	% Ever physically hurt by Intimate Partner	14%	12%	Household Survey
	% Past yr physical violence or unwanted sex from Intimate Partner	0.9%	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.