MAINE MEDICAL CENTER
Portland, Maine

Community Health Needs Assessment Implementation Plan

October 1, 2013 – September 30, 2015

1. Description of the Community Served

Maine Medical Center (MMC) is the state's largest medical center, serving as both the premier referral facility in Maine and as a community hospital for those living in the Greater Portland area. The hospital, which is licensed for 637 beds and employs more than 6,000 individuals, has an unparalleled breadth and depth of services, including extensive emergency and critical care, inpatient and outpatient surgeries, a cancer institute, a children's hospital, a family birth center, and primary and specialty care offices.

MMC draws the majority of its patients from Cumberland County, which contains Maine's largest population with 283,921 individuals. Located in the southern region of the state, it is the most densely settled area with 337 persons per square mile. The population is 93.3% White, compared to the state average of 95.3%. At $57,267 annually, Cumberland County ranks highest in Maine for median household income. It also has fewer people living in poverty than the state average – 10.7% vs. 12.6%, respectively. Similarly, 11% of the population lacks health insurance, which is lower than 12.2% state average. Cumberland County is the most educated area of Maine, with 39.9% of its residents holding a bachelor's degree or higher. Among the 11 counties served by MaineHealth, the area also has the highest rate of high school graduates (93.6%).

Cumberland County includes the Greater Portland region, which is home to over 230,000 residents – more than one-fourth of Maine's total population – and serves as a hub for commerce, employment, education, health care, and social services. The region centers on the largest city in the state, Portland (population 66,363). As the 12th largest relocation area in the U.S. for forced immigrants or refugees, Portland is also the most diverse area of the state with over 15% non-White residents. In Portland, 14% of households speak a language other than English, compared to only 7% statewide.

MMC 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 Cumberland 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 MMC included:

- New England Rehabilitation Hospital – Scott Peterson, Director of Marketing Operations
- City of Portland, Health and Human Services Department (Public Health and Minority Divisions) – Toho Soma, Research and Data Manager; Kolawole Bankole – Access Project Director
    - Toho Soma brought in-depth knowledge and expertise of the health and social needs of the people in Cumberland County.
    - Kolawole Bankole leads the minority health program work in Cumberland County and represented minority groups in this process.
- The Opportunity Alliance – Liz Blackwell-Moore, Program Coordinator; Zoe Miller, Healthy Lakes HMP Coalition Director; Jennifer Thibodeau, Healthy Rivers HMP Coalition Director
    - Liz Blackwell-Moore, Zoe Miller, and Jennifer Thibodeau are public health practitioners who work in a local public health organization in Cumberland County. They have expertise regarding the people who live, work, and play in Cumberland County and the City of Portland.
- Mercy Health System – Michael Gendreau, Vice President of Mission Effectiveness
- VNA Home Health Hospice – Colleen Hilton, CEO
    - Colleen Hilton served as a co-leader in the planning groups and community forums. She represented people served by home health and hospice as well as Mercy Hospital, a hospital not affiliated with MaineHealth.
- Maine Centers for Disease Control – Becca Matusovich, Cumberland District Public Health Liaison
- United Way of Greater Portland – Emily Rines, Community Impact Director
    - Emily Rines is a public health practitioner who works in a local public health organization in Cumberland County. She has expertise regarding the people who live, work, and play in Cumberland County and the City of Portland.
- Healthy Casco Bay – Anne Tricomi, Program Coordinator
    - Anne Tricomi is a public health practitioner who works in a local public health organization in Cumberland County. She has expertise regarding the people who live, work, and play in Cumberland County and the City of Portland.
- Maine Medical Center – Reeve Chace, Strategic Planning Analyst
- MaineHealth – Deb Deatrick, SVP Community Health Improvement; Julie Osgood, Senior Director of Operations, Clinical Integration
- Spring Harbor Community Services – Gail Wilkerson, Chief Operating Office
- Healthy Portland (Healthy Maine Partnership) – Joan Ingram, Project Director
- MMC Physician-Hospital Organization – Christopher Murry, Jr., Medicare Imaging Demonstration Program Manager

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

- Maine Medical Center
- Mercy Hospital
- Spring Harbor Hospital
- Community Counseling Center
- Cumberland County Public Health District Coordinating Council
- United Way of Greater Portland
- Portland Public Health Department
- South Portland Fire/EMS
- Healthy Portland (Healthy Maine Partnership)
- Healthy Lakes (Healthy Maine Partnership)
- Healthy Rivers (Healthy Maine Partnership)
- Healthy Casco Bay (Healthy Maine Partnership)
- HomeHealth Visiting Nurses
- VNA Home Health & Hospice
- Southern Maine Agency on Aging
- CarePartners
- India Street Clinic
- Root Cellar
- Portland Community Health Center
- Preble Street Resource Center
- Maine Mental Health Partners
- Maine Medical Partners
- YMCA of Cumberland County
- Private physician practices
- Catholic Charities of MaineHealth
- Opportunity Alliance

5. Prioritized Description of All Community Health Needs Identified

All priorities:

- ***Access to care/ED visits***
- ***Alcohol and substance use***
- **Cardiovascular health****
- Infectious disease/immunizations
- ***Mental health***
- **Obesity/physical activity/nutrition**
- **Tobacco Use/Smoking****

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
Tobacco Use	Approve tobacco free policy Enhance policy on third hand smoke exposure Conduct leadership trainings Hold kick-off events Develop staff and patient education materials Provide staff education Hold promotional events Implement standardized tobacco intervention across all care practice sites Evaluate sustainability	Create a smoke-free hospital campus Reduce exposure to second hand smoke Reduce smoking prevalence Increase quit attempts Reduce litter in MMC neighborhood and campuses Meet or exceed quality metric Contribute to reduced smoking prevalence in Cumberland County	Maintenance of Gold Start Standard of Excellence by the Maine Tobacco-Free Hospital Network Monitor EPIC and other EMR reports Employee HRAs and surveys BRFSS survey in Cumberland County	MMC Adult Medicine Service Line MMC HR MaineHealth Center for Tobacco Independence MMC Works on Wellness Council MMC IS, MMP, other clinical sites	Partnership for a Tobacco Free Maine Breathe Easy Coalition of Maine CTI City of Portland Maine Tobacco Helpline Center for Tobacco Independence

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
Cardiovascular Health	Convene MH/MMP workgroup Create workplan and timeline Review current CVD dashboard Collaborate with Maine CDC Million Hearts Campaign Update After Visit Summary to include information for patients with CVD Create and facilitate provider education Plan marketing strategy to promote MMP participation in campaign	Improvements in clinical outcomes of MMP patients: BP, cholesterol, aspirin therapy, smoking cessation	Review Clinical Improvement Registry data Review EPIC EMR data Survey practices to determine implementation of strategies	Maine CDC Million Hearts Campaign MaineHealth Clinical Integration Maine Medical Partners MMC PHO	US CDC Maine CDC Cumberland District Public Health Coordinating Council MaineHealth
Obesity, physical activity, nutrition	Establish guidelines for food served at meetings and vending Establish guidelines for walking meetings	Decrease the rate of obesity Increase physical activity Increase healthy eating	Monitor outcomes through the Let's Go! program Monitor changes in employee health behaviors and	Let's Go! Home Office at MMC MaineHealth Food Service Directors Task Force Nutrition Services at MMC	MaineHealth Other MaineHealth member and affiliate hospitals Maine CDC

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	Host farmers markets Increase employee participation in evidence based programs Complete feasibility study for wellness center Host a wellness summit for key business and community leaders	Decrease consumption of sugar sweetened beverages	health plan claims	MH HR Department	

APPENDIX 1

CUMBERLAND COUNTY KEY FINDINGS

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

Health Risks and Challenges	Health Assets and Opportunities
Risk Factors	

• **Alcohol and Substance Use:**
  ○ High rate of chronic heavy drinking [CUM=7.9% , ME=6.4%]
  ○ High rate of binge drinking [CUM=18%, ME=15%]
	• **Health Status:** Lowest percentage reporting their health status is 'Fair to Poor' [CUM=11% , ME= 15%]
	• **Immunizations:** High receipt of flu vaccination [CUM=49%, ME=42%)
	• **Smoking**: Lowest percentage current smokers of any county [CUM=16%, ME=22%]
	• **Overweight/Obesity:**
	  ○ Low percentage obese [CUM=24% , ME=28%]
	  ○ Lowest percentage of residents with sedentary lifestyle [CUM=16% , ME=21%]
	• **Reproductive Health:** Low teen birth rate
	• **Intimate Partner Violence**: Lowest percentage of respondents reporting ever experienced intimate partner violence [CUM= 9%, ME=12%]
	• **Youth:** (Grades 9-12)
	  ○ Lowest percentage current smoking of any county [CUM=17%, ME=20%]
	  ○ Lowest past week consumption of sugar sweetened beverages [CUM= 25%, ME= 29%]
	  ○ Lowest rates of obesity and overweight [CUM=11%,10%, ME=14%,13%]

Disease Incidence & Prevalence	

• **Infectious Disease:**
  ○ Highest incidence rate for HIV of any county
  ○ High hepatitis C, gornorrhea and chlamydia incidence rate
	• **Asthma**: Lowest percentage of parental report of youths (0-17) with asthma [CUM= 2.4%, ME= 6.1%]
	• **COPD**: Low prevalence of COPD [CUM=2.6% , ME=4.2%]
	• **Cancer**: Lowest incidence of colorectal and lung cancer of any county

Health Risks and Challenges	Health Assets and Opportunities
Hospital Utilization & Mortality Rates	

• **Hospital Admissions:**
  ○ High hospital admissions rate for major despressive disorder for youths
  ○ High hospital admission rate for senility and organic mental disorders
  ○ High substance abuse and alcohol- and drug-related psychosis hospital admissions rate
  ○ High hospital admission rate for HIV/AIDS
• **Emergency Department (ED) Visits:**
  ○ High schizophrenia ED admissions rate
  ○ High ED admissions rate for acute alcohol-related mental disorders
  ○ Highest ED admissions rate for major depressive disorder of any county
	• Low overall ED utilization rates
	• Low hospital admission rates for ambulatory care sensitive conditions for both youths and adults
	• Lowest hospital admission rates for AMI and stroke of any county; low CHF hospital admission rates
	• Low hospital admission rate for asthma, bronchitis, and emphysema and lowest COPD hospital admission rate of any county
	• Low hospital admission rate for anxiety
	• Lowest ED visit rate for ambulatory care sensitive conditions of any county
	• Lowest ED Visit rate for COPD, pneumonia of any county
	• Lowest ED visit rate for uncontrolled diabetes
	• Low ED rate for pneumonia, asthma and bronchitis among youths
	• Low mortality rates for heart disease; lowest mortality rates for AMI and stroke of any county
	• Lowest mortality rates for COPD of any county
	• Lowest all cancer and lung cancer mortality rate of any county
	• Low diabetes mortality rate
	• Low mortality rates for smoking- and alcohol-related disease
	• Low mortality rates for motor vehicle accidents

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

	Cumberland	Maine	Maine Counties Source
DEMOGRAPHICS			
Total Population	277,512	1,319,691	2008 Census Estimates
Median Annual Household Income (to 2008)	$55,647	$46,807	ME SPO Data Center
% of Labor Force Unemployed	6.5%	7.8%	ME Dept Labor
% Population Not Attaining H.S. Diploma (>25 yr)	9.9%	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	14%	15%	2008 Census Estimates
% Uninsured Non-Elderly Adults (Ages 18-65)	13%	16%	Household Survey
HEALTH STATUS			
% Health Fair to Poor	11%	15%	Household Survey
% 11+ Days Lost due to Poor Mental or Physical Health	7%	8%	Household Survey
% 3+ Chronic Conditions	12%	13%	Household Survey
Wellness Categories:			
%Well	39%	34%	Household Survey
%At Risk for Future Medical Problems	7%	8%	Household Survey
%Some Health Problems	35%	36%	Household Survey
%Not Well	19%	23%	Household Survey
ACCESS TO CARE			
% Without Usual Source of Primary Care (Males)	18%	18%	Household Survey
% Without Usual Source of Primary Care (Females)	9.1%	8.3%	Household Survey
% Named hospital or ER as usual source of care	2.6%	1.9%	Household Survey
% Not Having a Checkup Within the Past 2 yrs (Males)	10%	15%	Household Survey
% Not Having a Checkup Within the Past 2 yrs (Females)	6.9%	6.4%	Household Survey
% Received Flu Shot or Mist past 12 months	49%	42%	Household Survey
% Ever Received Pneumoccal Vaccine (Age 65+)	76%	73%	Household Survey
% Needed Medical Care But Could not Afford it: Past Year	5.2%	6.5%	Household Survey
% No Dental Visit in Past 2 Years	21%	24%	Household Survey
ED Visits per 100,000 population	36,351	47,665	MHDO Hosp ED
Ages 65+	35,292	49,497	MHDO Hosp ED
Hospitalizations per 100,000 Population	11,328	12,076	MHDO Hosp Inpatient
Ages 65+	31,855	31,396	MHDO Hosp Inpatient
QUALITY/EFFECTIVENESS			
Ambulatory Care Sensitive Condition (ACSC), Hospital Admission Rate (Overall PQI*)	754	967	MHDO Hosp Inpatient
Ages 0-17	182	191	MHDO Hosp Inpatient
Ages 18-44	167	234	MHDO Hosp Inpatient
Ages 45-64	520	707	MHDO Hosp Inpatient
Ages 65+	3,618	4,166	MHDO Hosp Inpatient
Ambulatory Care Sensitive Condition (ACSC), ED Visit Rate (Overall PQI*)	2,085	3,073	MHDO Hosp Inpatient
Ages 0-17	1,530	1,994	MHDO Hosp Inpatient
Ages 18-44	2,114	2,868	MHDO Hosp Inpatient
Ages 45-64	1,635	2,374	MHDO Hosp Inpatient
Ages 65+	3,764	6,375	MHDO Hosp Inpatient

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

		Cumberland	Maine	Maine Counties Source
CARDIOVASCULAR HEALTH				
Risk Factors	% Current Smokers (Age 18+)	16%	22%	Household Survey
	% Sedentary Lifestyle (measured by no physical activity)	16%	21%	Household Survey
	% Overweight (Ages 18+)	36%	37%	Household Survey
	% Obesity (Ages 18+)	24%	28%	Household Survey
Disease Prevelan	% High Cholesterol	26%	29%	Household Survey
	% High Blood Pressure	27%	30%	Household Survey
	% Heart Disease	6.4%	6.3%	Household Survey
Management	Congestive Heart Failure, Hospital Admissions	251	283	MHDO Hosp Inpatient
	AMI, Hospital Admission Rate	108	211	MHDO Hosp Inpatient
	Ages 45-64	61	157	MHDO Hosp Inpatient
	Ages 65+	637	1,037	MHDO Hosp Inpatient
	Cerebrovascular Disease (stroke), Hospital Admission Rate	128	149	MHDO Hosp Inpatient
	CABG, Hospital Admission Rate	51	62	MHDO Hosp Inpatient
	% Having Cholesterol Checked within the past year (Ages 21+)	63%	63%	Household Survey
	% Smokers advised to quit smoking in the past yr.	78%	72%	Household Survey
Quality/Effectiveness	AMI, Mortality Rate	25	45	ODRVS Mortality
	Ages 65+	142	232	ODRVS Mortality
	Cerebrovascular Disease (stroke), Mortality Rate	39	49	ODRVS Mortality
	Ages 65+	256	294	ODRVS Mortality
	Heart Disease, Mortality Rate	161	202	ODRVS Mortality
	Ages 65+	976	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

		Cumberland	Maine	Maine Counties Source
RESPIRATORY HEALTH				
	% Current Smokers (Male)	19%	23%	Household Survey
	% Current Smokers (Female)	13%	20%	Household Survey
	% Former Smokers	31%	31%	Household Survey
Disease Prevelance	% Current Asthma (Ages 18+)	9.6%	10%	Household Survey
	% Ever Asthma (Ages 0-17)	2.4%	6.1%	Household Survey
	% COPD	2.6%	4.2%	Household Survey
	Lung and Broncus Cancer, Males, Incidence Rate	87	105	ME CDC Cancer Reg
	Lung and Broncus Cancer, Females, Incidence Rate	71	86	ME CDC Cancer Reg
Management	% Received Flu Shot or Mist past 12 months	49%	42%	Household Survey
	% Ever Received Pneumoccal Vaccine (Ages 65+)	76%	73%	Household Survey
	Bronchitis and Asthma, Hospital Admission Rate	74	87	MHDO Hosp Inpatient
	Ages 65+	99	114	MHDO Hosp Inpatient
	Bronchitis and Asthma, ED Visit Rate	860	988	MHDO Hosp ED
	Ages 65+	502	632	MHDO Hosp ED
	COPD, Hospital Admission Rate	194	284	MHDO Hosp Inpatient
	COPD, ED Visit Rate	407	998	MHDO Hosp Inpatient
	Ages 65+	911	1,914	MHDO Hosp Inpatient
	Pneumonia, Hospital Admission Rate	204	326	MHDO Hosp Inpatient
	Ages 65+	942	1,402	MHDO Hosp Inpatient
	Pneumonia, ED Visit Rate	284	505	MHDO Hosp Inpatient
	Ages 65+	497	1,053	MHDO Hosp Inpatient
	Emphysema, Hospital Admission Rate	20	23	MHDO Hosp Inpatient
	Ages 65+	75	79	MHDO Hosp Inpatient
	% Current Smokers advised to quit smoking in the past year	78%	72%	Household Survey
	% Current smokers tried to quit in past year	54%	54%	Household Survey
	% Current smokers ever used Maine Tobacco Quitline	19%	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+)	301	332	ODRVS Mortality 07-09
	Pneumonia, Mortality Rate (Ages 65+)	124	103	ODRVS Mortality 07-09
	Smoking-Related Neoplasms, Mortality Rate (Males)	179	205	ODRVS Mortality 07-09
	Smoking-Related Neoplasms, Mortality Rate (Females)	130	150	ODRVS Mortality 07-09

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

		Cumberland	Maine	Maine Counties Source
CANCER HEALTH				
	All Cancers, Incidence Rate	580	629	ME CDC Cancer Reg
	Bladder, Incident Rate	34	35	ME CDC Cancer Reg
	Female Breast Cancer, Incidence Rate	159	162	ME CDC Cancer Reg
	Female Cervix Uteri, Incidence Rate	7.5	7.3	ME CDC Cancer Reg
	Colorectal, Incidence Rate	52	62	ME CDC Cancer Reg
	Lung and Bronchus Cancer, Incidence Rate	79	95	ME CDC Cancer Reg
	Melanoma, Incidence Rate	32	26	ME CDC Cancer Reg
	Male Prostate, Incidence Rate	179	187	ME CDC Cancer Reg
Management / Patient Care	% Reported Mammogram past year (40+)	69%	69%	Household Survey
	% Stage Female Breast, Local	67%	66%	ME CDC Cancer Reg
	% Stage Female Breast, Distant	2.9%	3.8%	ME CDC Cancer Reg
	% Reported Pap Smear past 2 years	70%	70%	Household Survey
	% Stage Cervix Uteri Female, Local	59%	52%	ME CDC Cancer Reg
	% Stage Cervix Uteri Female, Distant	3%	14%	ME CDC Cancer Reg
	% Reported Blood Stool Test Past Year (Age 50+)	17%	20%	BRFSS 2006/2008
	% Reported Having Sigmoid/Colonoscopy Past 5 Yrs (Age 50+)	69%	63%	Household Survey
	% Stage Colorectal, Local	43%	47%	ME CDC Cancer Reg
	% Stage Colorectal, Distant	19%	17%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Male, Local	14%	16%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Male, Distant	51%	50%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Female, Local	18%	21%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Female, Distant	42%	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+)	73%	68%	Household Survey
	% Stage Prostate, Local	73%	76%	ME CDC Cancer Reg
	% Stage Prostate, Distant	3.6%	3.8%	ME CDC Cancer Reg
Quality/Effectiveness	All Cancers, Mortality Rate	205	234	ODRVS Mortality
	Bladder, Mortality Rate	6.7	7.5	ODRVS Mortality
	Female Breast Cancer, Mortality Rate	26	28	ODRVS Mortality
	Female Cervix Uteri, Mortality Rate	2.3	2.5	ODRVS Mortality
	Colorectal, Mortality Rate	18	21	ODRVS Mortality
	Lung, Mortality Rate	59	69	ODRVS Mortality
	Melanoma, Mortality Rate	2.9	3.6	ODRVS Mortality
	Male Prostate, Mortality Rate	22	23	ODRVS Mortality

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

		Cumberland	Maine	Maine Counties Source
DIABETES HEALTH				
Disease Prevelance	% Diagnosed Diabetes	9.4%	10%	Household Survey
	Ages 18-44	2.2%	2.9%	Household Survey
	Ages 45-64	12%	13%	Household Survey
	Ages 65+	21%	21%	Household Survey
Management	% Reported hemoglobin A1c measurement (at least once) in past year (Age 18+)	97%	89%	Household Survey
	% Reported pupil dilation eye exam in past yr (age 18+)	79%	76%	Household Survey
	% Reported foot examination in past yr (Age 18+)	83%	78%	Household Survey
	% Reported ever taken diabetes self management course (Age 18+)	51%	54%	Household Survey
	Diabetes, Hospital Admission Rate	64	79	MHDO Hosp Inpatient
	Ages 18-44	62	75	MHDO Hosp Inpatient
	Ages 45-64	57	75	MHDO Hosp Inpatient
	Ages 65+	121	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	83	111	MHDO Hosp Inpatient
	Diabetes Uncontrolled, ACSC ED Visit Rate	7	11	
Quality	Diabetes, Mortality Rate	20	26	ODRVS Mortality
	Ages 65+	103	126	ODRVS Mortality

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		Cumberland	Maine	Maine Counties Source
	MENTAL HEALTH			
Risk Factors	% 11+ Days Mental Health Not Good	10%	11%	BRFSS 2008 + 2009
	Ages 65+	6.3%	6.1%	BRFSS 2008 + 2009
	% needed, but did not get, mental health treatment in past 12 months	3.5%	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+)	5.0%	7.2%	Household Survey
	% Diagnosed Depression (ever, 18+)	22%	22%	Household Survey
	% Current Depression (18+)	12%	15%	Household Survey
	% Diagnosed Other Psychiatric Disorder (ever, 18+)	14%	13%	Household Survey
	% Developmental Delay/Learning Disability (Ages 0-17)	3.3%	4.5%	Household Survey
Management	Psychoses Hospital Admission Rate	536	578	MHDO Hosp Inpatient
	Ages 65+	302	246	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, Hospital Admission Rate	9.9	8.6	MHDO Hosp Inpatient
	Ages 65+	66	50	MHDO Hosp Inpatient
	Major Depressive Disorder, Hospital Admission Rate	160	157	MHDO Hosp Inpatient
	Ages 0-17	120	85	MHDO Hosp Inpatient
	Ages 18-64	179	196	MHDO Hosp Inpatient
	Ages 65+	133	93	MHDO Hosp Inpatient
	Bipolar Disorder, Hospital Admission Rate	234	280	MHDO Hosp Inpatient
	Ages 65+	86	88	MHDO Hosp Inpatient
	Schizophrenia, Hospital Admission Rate	118	114	MHDO Hosp Inpatient
	Ages 65+	55	39	MHDO Hosp Inpatient
	Anxiety, Hospital Admission Rate	229	269	MHDO Hosp Inpatient
	Ages 65+	68	70	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, ED Rate	27	28	MHDO Hosp ED
	Major Depressive Disorder, ED Rate	179	109	MHDO Hosp ED
	Bipolar Disorder, ED Rate	169	166	MHDO Hosp ED
	Schizophrenia, ED Rate	101	70	MHDO Hosp ED
	Anxiety Disorder, ED Rate	1,511	1,618	MHDO Hosp ED
	Suicide, Mortality Rate (Males)	20	23	ODRVS Mortality
	Suicide, Mortality Rate (Females)	6.6	5.4	ODRVS Mortality

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		Cumberland	Maine	Maine Counties Source
	SUBSTANCE ABUSE			
Prevelance	% Chronic Heavy Drinking - Past Month	7.9%	6.4%	BRFSS 2008 & 2009
	Ages 65+	5.2%	4.5%	BRFSS 2008 & 2009
	% Binge Drinking -Past Month	18%	15%	BRFSS 2008 & 2009
	Ages 18-44	20%	26%	BRFSS 2008 & 2009
	% Ever diagnosed with Substance Abuse Problem	5.9%	4.7%	Household Survey
	% Current Substance Abuse Problem	2.9%	1.5%	Household Survey
	% Overdose Past 12 mos (Households)	1.1%	0.9%	Household Survey
	% have used any street drugs in past 30 days	4.5%	5.2%	Household Survey
	% have used any prescription drugs for non-prescribed purpose in past 30 days	1.8%	1.8%	Household Survey
Management	Substance Abuse, Hospital Admission Rate	544	379	MHDO Hosp Inpatient
	Ages 65+	220	149	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, Hospital Admission Rate	32	50	MHDO Hosp Inpatient
	Ages 65+	15	19	MHDO Hosp Inpatient
	Alcohol-Related Psychoses, Hospital Admission Rate	326	174	MHDO Hosp Inpatient
	Ages 65+	106	52	MHDO Hosp Inpatient
	Acute Drug-Related Mental Disorders, Hospital Admission Rate	28	39	MHDO Hosp Inpatient
	Ages 65+	3.9	6.5	MHDO Hosp Inpatient
	Drug-Related Psychoses, Hospital Admission Rate	157	117	MHDO Hosp Inpatient
	Ages 65+	95	72	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, ED Rate	180	131	MHDO Hosp ED
	Alcohol-Related Psychoses, ED Rate	39	28	MHDO Hosp ED
	Acute Drug-Related Mental Disorders, ED Rate	291	297	MHDO Hosp ED
	Drug-Related Psychoses, ED Rate	50	57	MHDO Hosp ED
	Alcohol-Related Mortality Rate (Males)	15	19	ODRVS Mortality
	Alcohol-Related Mortality Rate (Females)	8.2	10	ODRVS Mortality
	Alcohol Liver Disease, Mortality Rate	7.9	11	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Males)	15	21	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Females)	5.9	8.0	ODRVS Mortality

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		Cumberland	Maine	Maine Counties Source
REPRODUCTIVE HEALTH				
	2 or more sex partners in past yr (ages 18-34)	14%	16%	Household Survey
	% used condom last time had sex (ages 18-34)	35%	35%	Household Survey
	Teen Birth Rate (10-17yrs) Per 1,000 Females	3.4	4.1	ODRVS Birth
Management	High Risk Pregancy, Hospital Admission Rate (10-44 year old females)	349	360	MHDO Hosp Inpatient
Management	C-Section Rate per 100 births	30	30	ODRVS Birth
Management	% Adequate Prenatal Care (of live births)	89%	91%	ODRVS Birth
Management	% Inadequate Prenatal Care (of live births)	2.1%	2.5%	ODRVS Birth
	% Low Birthweight (<2500 grams)	6.4%	6.4%	ODRVS Birth
	% Prematurity (< 37 weeks)	8.9%	8.7%	ODRVS Birth
	Infant Mortality Rate (deaths to infants from birth through 364 days of age) per 1,000 live births	5.7	5.5	ODRVS Mortality
	Neonatal Mortality Rate (deaths to infants under 28 days) per 1,000 live births	3.8	3.9	ODRVS Mortality
CHILD/YOUTH HEALTH				
	% Seriously Considered Suicide	13%	14%	MIYHS 2009
	% Current Smoker (Past Month) (Grade 9-12)	17%	20%	MIYHS 2009
	% Current Smokeless Tobacco User	9%	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)	24%	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)	41%	39%	MIYHS 2009
	% Consume fruits and vegetables 5 or more times/day	16%	15%	MIYHS 2009
	Teen Birth Rate (10-17yrs) Per 1,000 Female Population	3.4	4.1	ODRVS Birth
Prevalance	% Ever Been Diagnosed with Asthma (0-17) parental report	2.4%	6.1%	Household Survey
Prevalance	% Overweight/Obesity Problem (0-17) parental report	1.8%	2.0%	Household Survey
Prevalance	% Overweight (Grade 9-12)	11%	14%	MIYHS 2009
Prevalance	% Obese (Grade 9-12)	10%	13%	MIYHS 2009
Prevalance	% with developmental delay or learning disability (0-17) parental report	3.3%	4.5%	Household Survey
Management	ACSC, ED Rate - Overall PQI (Ages 0-17)	1,530	1,994	MHDO Hosp Inpatient
Management	ACSC, Hospital Admission Rate - Overall PQI (Ages 0-17)	182	191	MHDO Hosp Inpatient
Management	Asthma and Bronchitis, Hospital Admission Rate (Ages 0-17)	188	196	MHDO Hosp Inpatient
Management	Pneumonia, Hospital Admission Rate (Ages 0-17)	79	132	MHDO Hosp Inpatient
Management	Psychoses Hospital Admission Rate (Ages 0-17)	365	484	MHDO Hosp Inpatient
Management	Major Depressive Disorder, Hospital Admission Rate (Ages 0-17)	120	85	MHDO Hosp Inpatient
Management	Bipolar Disorder, Hospital Admission Rate (Ages 0-17)	212	353	MHDO Hosp Inpatient
Management	Asthma and Bronchitis, ED Rate (Ages 0-17)	987	1,145	MHDO Hosp ED
Management	Pneumonia, ED Rate (Ages 0-17)	322	516	MHDO Hosp ED

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		Cumberland	Maine	Maine Counties Source
ORTHOPEDICS				
	% Diagnosed Arthritis	29%	32%	BRFSS 2007 & 2009
	Ages 65+	56%	59%	BRFSS 2007 & 2009
	Hip Procedures, Hospital Admission Rate	93	93	MHDO Hosp Inpatient
	Ages 65+	483	452	MHDO Hosp Inpatient
	Head Brain Injury, Hospital Admission Rate	68	57	MHDO Hosp Inpatient
	Ages 65+	238	180	MHDO Hosp Inpatient
INFECTIOUS DISEASE				
	HIV/AIDS, Hospital Admissions Rate	8.6	5.1	MHDO Hosp Inpatient
	Hepatitis C, Incidence Rate	89	62	ME CDC Infect Disease 2009
	Sexually Transmitted Disease Incidence Rate:			
	Gonorrhea	15	7.3	ME CDC Infect Disease 2008
	Chlamydia	234	197	ME CDC Infect Disease 2008
INTIMATE PARTNER VIOLENCE				
	% Ever physically hurt by Intimate Partner	9%	12%	Household Survey
	% Past yr physical violence or unwanted sex from Intimate Partner	1.0%	1.2%	Household Survey

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