



**SOUTHERN MAINE MEDICAL CENTER
Biddeford, Maine**

**Community Health Needs Assessment &
Implementation Plan**

October 1, 2013 – September 30, 2015

1. Description of the Community Served

Southern Maine Medical Center (SMMC) is a nationally accredited, award-winning healthcare system that includes a 150-bed, full-service medical center and a 100-physician multi-specialty physician services group, SMMC PrimeCare Physicians. The medical staff consists of approximately 200 active physicians, as well as consultants and allied health professionals. SMMC strives to provide excellent health care provided with compassion and respect – with every patient, every day, and in every interaction. Health care is widely accessible, with all SMMC PrimeCare physicians accepting patients without regard to ability to pay. Physician offices are located in Biddeford, Saco, Old Orchard Beach, and Kennebunk. A Walk-In Care clinic is also available in Saco seven days a week, from 10:00am – 8:00pm.

SMMC 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 is the second most populated 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 MaineHealth 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 average of 25.8% in MaineHealth's service area.

SMMC 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>).

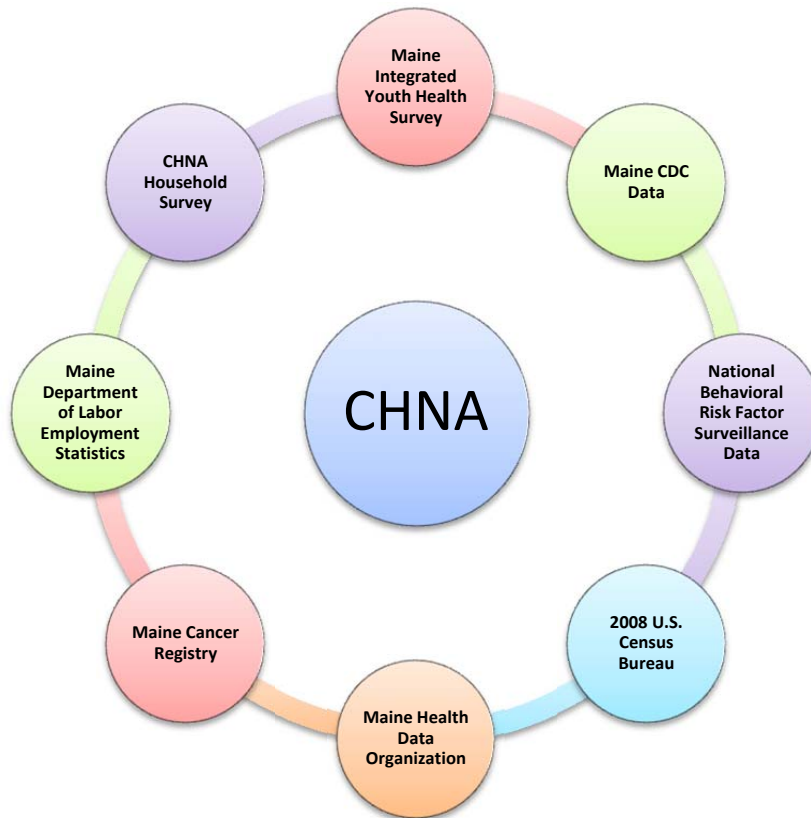


Figure 1. Diagram showing the data sources used in the OneMaine CHNA.

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 SMMC 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

- Southern Maine Medical Center (includes York County's only inpatient mental health unit and outpatient behavioral health program and only inpatient Pediatrics unit)
- SMMC PrimeCare Physicians (Family Practice, Internal Medicine, Pediatrics, Women's Health, Cardiology, Pulmonology, Neurology, Orthopedic Surgery, General Surgery)
- Private Physician Practices
- Biddeford Free Clinic

- Counseling Services
- Sweetser Services
- Community Dental Health Services
- Partners for Healthier Communities (Healthy Maine Partnership)
- Coastal Healthy Communities Coalition (Healthy Maine Partnership)
- Choose To Be Healthy (Healthy Maine Partnership)
- Southern Maine Area Agency on Aging
- Child Care Connections
- York County District Public Health Coordinating Council
- York Hospital
- Goodall Hospital
- Cancer Care Center of York County
- 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	<p>Program in the ED that refers any patient without a PCP to one of the SMMC PrimeCare primary care physicians, who accept patients regardless of their ability to pay (ongoing)</p> <p>Walk-In Care Center in Saco</p>	<p>Increase the number of people in our community who have regular preventive care from a PCP</p> <p>Increase accessibility and affordability of care to expand coverage</p>	<p>Monitor percentage of uninsured adults who are joining our PCP panels</p> <p>Monitors the number of patients utilizing Walk-In Care Center and the number of ED patients (to see if Walk-In is offloading non-emergency care appropriately)</p>	<p>ED referral program (see activities)</p> <p>New staff and additional providers being added to the Walk-In Care Center</p>	<p>Biddeford Free Clinic</p> <p>MaineHealth MedAccess Program</p>
Alcohol and substance use	<p>Outpatient program for treatment of dual diagnoses for substance abuse and mental illnesses (ongoing)</p> <p>Providing inpatient substance abuse treatment (ongoing)</p>	<p>Decrease rates of chronic alcohol and substance use</p>	<p>Monitor drug take back quantity</p> <p>Monitor number of individuals using treatment programs</p>	<p>County-wide drug take back program</p> <p>Outpatient program</p> <p>Inpatient substance abuse program</p>	<p>Counseling services</p> <p>County-wide drug take back program</p>
Cancer	<p>Tracking physicians' referrals for appropriate screenings</p> <p>Tracking and reporting he</p>	<p>Decrease the rate of cancer</p>		<p>Maine Colorectal Cancer Screening Program</p> <p>SMMC Breast Cancer Center</p>	<p>MaineHealth and State of Maine DHHS Colorectal Cancer Screening Program</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	<p>number of appropriate female patients who are referred for breast cancer screening</p> <p>National accreditation of the SMMC Breast Cancer Center</p>				<p>Maine Center for Cancer Medicine</p> <p>American Cancer Society</p> <p>Commission on Cancer</p> <p>Spectrum Radiology</p> <p>Maine Medical Center</p>
Immunizations	<p>Ongoing tracking and reporting (to providers) of children up-to-date on vaccines</p> <p>Holding flu clinics after hours for patients</p> <p>All employees must be immunized or to wear a mask during flu outbreaks</p>	<p>Increase immunization rates for recommended vaccines for children</p> <p>Increase flu vaccine coverage</p> <p>Decrease exposure to at risk patients, families and employees</p>	<p>Monitor childhood immunization rates</p> <p>Monitor flu vaccine coverage rate</p> <p>Monitor the number of SMMC employees who receive the flu vaccine</p>	<p>After hours flu clinics</p> <p>Employee vaccination program</p>	<p>Home Health Visiting Nurses</p> <p>MaineHealth</p>
Obesity	<p>Register 5210 Let's Go! Sites</p> <p>Provide TA to sites</p> <p>Partner with supermarkets</p>	<p>Decrease the rate of childhood obesity</p>	<p>Achievement of 100% of Let's Go! York Outcomes (registration, marketing and awareness, sustainability, leadership)</p>	<p>Implementing "Let's Go!" program in local schools, child care center, after school centers, and health care provider offices</p>	<p>York District CTG Program</p> <p>Coastal Healthy Communities Coalition</p> <p>Supermarkets</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	<p>Partner with York District CTG Program and sites to increase capacity in Early Childhood sector</p> <p>Partner with CHCC under new workplan to improve school health</p> <p>Identify new resources to boost capacity for serving sites across Southern Maine Health/LG! York expanded service region</p> <p>Coordinate implementation program of Sanford communities</p>				<p>Let's Go! Home Office at Maine Medical Center</p> <p>York County Schools</p> <p>York County Child Care Providers</p> <p>York County Media</p> <p>Large Employers in York County</p> <p>Health care Providers in York County</p>
Smoking	<p>Offer tobacco cessation classes</p> <p>Achieve Gold Star Standard at the hospital</p> <p>Screen all inpatients for smoking</p> <p>Provide</p>	<p>Increase the number of patients being screened</p> <p>Increase the number of patients being referred to the Maine Tobacco HelpLine</p> <p>Increase</p>	<p>Achievement of 100% of tobacco treatment outcomes (inpatient and physician practices)</p> <p>Monitor reports from the Center for</p>	<p>Quit Smoking class at SMMC</p> <p>Incentive program that saves non-smoking employees \$100/month on health care premium costs</p> <p>Support to</p>	<p>Goodall Hospital</p> <p>MaineHealth</p> <p>Coastal Healthy Communities Coalition</p> <p>Center for Tobacco Independence</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	<p>smoking cessation counseling to inpatient smokers</p> <p>Refer inpatient smokers to the Maine Tobacco HelpLine</p> <p>Develop program improvement plan between RTs and RNs on the floors</p> <p>Coordinate program with Goodall Hospital</p> <p>Support CHCC programs to deter businesses from selling cigarettes to young people and to encourage communities to prohibit smoking in recreational areas</p>	<p>number of patients counseled</p> <p>Increase the number of smokers who enroll in counseling</p> <p>Increase number and % of patients who are counseled to quit</p> <p>Expand the number and % of smokers who are reached</p>	<p>Tobacco Independence</p> <p>Monitor outcomes in EMR reports and chart review</p> <p>Behavioral Risk Factor Surveillance System reports for York County</p>	<p>CHCC smoking cessation programs</p> <p>MaineHealth</p> <p>Center for Tobacco Independence</p> <p>MaineCare</p> <p>Commercial Insurers and self-insured employers</p> <p>Coastal Healthy Communities Coalition</p> <p>Choose to be Healthy</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

- | | |
|---|---|
| <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 |
|---|---|

Disease Incidence & Prevalence

- | | |
|--|---|
| <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 |
|--|---|

Hospital Utilization & Mortality Rates

- | | |
|---|---|
| <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 |
|---|---|

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

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		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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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.