



Waldo County
General Hospital
MaineHealth

**WALDO COUNTY GENERAL HOSPITAL
Belfast, Maine**

**Community Health Needs Assessment &
Implementation Plan**

October 1, 2013 – September 30, 2015

1. Description of the Community Served

Waldo County General Hospital serves the healthcare needs of Waldo county residents. The community hospital is committed to providing excellent care for patients and their families in a friendly, caring atmosphere in line with its mission to be the BEST. Services are provided as efficiently as possible with an eye on the future and in collaboration with other community-minded agencies. All services are provided regardless of ability to pay in accordance with the hospital's financial assistance policy.

Waldo County is located in mid-coast Maine and has a land area of 730 square miles comprised of rural villages/towns, lakes, mountains, and peninsulas. Its total population is 38,820 and the largest city is Belfast, consisting of 6,600 residents. Similar to other Maine counties whose economies rely in part on tourism, Waldo County's coastal areas receive an influx of visitors and seasonal residents during the summer months. At 97.3%, the population is predominantly White.

Waldo County is relatively "young", with 20.7% of its residents being age 18 or less and only 16.6% being age 65+. The median household income is significantly lower than the state average - \$41,541 compared to \$46,541. With 14.5% of its population living below the poverty level, Waldo is the third poorest of the 11 counties served by MaineHealth. It also has the highest rate of uninsured individuals at 14.5%. The area has relatively low levels of education, with 90% of its population being high school graduates and 24.6% holding bachelor's degrees or higher, compared to the state average of 92.2% and 27.1%, respectively.

Waldo County General Hospital 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 Waldo 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 Waldo included:

- Bangor Savings Bank – Cathy Reynolds, Manager
- RSU #20 – Christine Harrington, RN, BSN, School Nurse
- Maine Farmland Trust – Holly Ingraham, Project Coordinator
- Waldo County YMCA – Tamera Blades, Fitness Director
- Family Planning – Rilla Bray, Director
- Unity College – Sara Trunzo, Food & Farm Projects Coordinator
- Healthy Waldo County, Vyyenne Ritchie, Project Administrator; Carole Hallundbaek, Project Coordinator
- Robbins Lumber – Catherine Robbins-Jolliffe, HR Director (community member)
- Waldo County General Hospital – Gregor Davens, Board Member; Andrea Walker, Community Services Manager; Barbara Crowley, Health Educator; Dan Bennett, Director of Operations; Kim Spectre, RN, Nurse Manager; Rob Fowler, RN, Director of Quality; Hester Kohl, Health Educator; Lee Woodward, Esq., Board Member; Teri Young-Hise, RN, Director of Nursing
- Waldo Community Action Partners – Keith E. Small, Executive Director
- MaineHealth – Julie Osgood
- Paddling the Rapids – Deb Burwell, Business Owner (community member)
- Broadreach – Patrick Walsh, Prevention, Family and Adult Services
- John Gregory, MD (community member)
- Jennifer Gunderman-King, Freelance Facilitator/Grant Writer (community member)

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

- Waldo County Healthcare
- Midcoast District Coordinating Council
- CarePartners
- MedAccess
- Belfast Public Health Nurses Association
- SANE Nurses
- Journey to Health
- Let's Go! Waldo
- Waldo County YMCA
- Curves
- Point Lookout
- Bay Area Fitness
- Family Planning Association of MaineHealth
- WIC
- Maine Tobacco Helpline
- New Choice
- Great Body Shop
- Hospice Care
- Walgreens and Rite Aid Flu Shot Clinics
- Healthy Waldo County
- Partnership for Tobacco Free MaineHealth
- Seaport Family Practice Suboxone Program
- Midcoast Mental Health Center's Choice Skyward Program
- Alcoholics Anonymous
- National Guard Youth Programming
- School Resource Officer
- AH Asthma!
- Midcoast Mental Health Center
- Mileage Club
- Game Loft
- Boy/Girl Scouts
- MaineHealth Diabetes Program
- Keep Me Well Program
- Beth Wright Cancer Resource Center

5. Prioritized Description of All Community Health Needs Identified

All priorities:

- **Access to care**
- **Alcohol and substance use**
- **Cancer**
- **Care for chronic conditions**
- ED visits
- Health status
- Hospital admissions
- **Immunizations**
- **Mental health**
- **Overweight/obesity****
- *Reproductive health*
- Respiratory disease
- 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 Orgs
Access to care	Providing access to care by eliminating or reducing the financial burden	Increase the number of insured individuals	Monitor percentage of uninsured adults	Extended hours at health centers/primary care offices	CarePartners Primary care offices
	Providing access	Increase accessibility	Monitor reports of unmet	Saturday hours through health	Private medical

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
	to care by increasing the availability of care during non-working hours	and affordability of care to expand coverage	<p>medical needs due to cost</p> <p>CarePartners tracks utilization and financial data to evaluate effectiveness</p> <p>Track the utilization and cost of care provided during off hours versus cost if care received in the ED</p>	<p>centers/primary care offices</p> <p>WCGH Financial Assistance Program</p> <p>Private Medical Practices' Financial Assistance Programs</p>	practices
Alcohol and substance use	<p>Parent prevention education</p> <p>Student prevention education</p> <p>Support and education for those already addicted</p> <p>Support and education for those caught using</p> <p>Treatment options for those becoming recovering addicts</p> <p>Support for preventing use of illegal substances on school property</p>	Decrease rates of chronic alcohol and substance use	<p>Monitor chronic heavy drinking rate</p> <p>Monitor rates of overdose</p> <p>Monitor reported rate of street drug usage</p>	<p>Space and support to Making Change</p> <p>Space to Alcoholics Anonymous</p> <p>Support and access to schools for National Guard</p> <p>Support, funding and in-kind for student education</p>	<p>Making Change</p> <p>Alcoholics Anonymous</p> <p>National Guard middle school educational programming</p> <p>RSU 20 Great Body Shop Educational programming</p> <p>Searsport Family Practice Suboxone Program</p> <p>Midcoast Mental Health Center's</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
					Choice Skyward Program Restorative Justice SIRP Program School Resource Officer Student Intervention and Reintegration Program SIRP
Cancer	Coordinate care and educate patients about resources available to reduce reoccurrence rates Offer screening at free or reduced rates to increase early detection Provide financial assistance to increase access to care reducing mortality and reoccurrence rates Inform community members of insurance	Decrease the rate of cancer	Monitor incidence of different cancers by population Monitor screening rates Monitor mortality rates Monitor reoccurrence rates Track utilization of financial assistance	Breast Cancer Navigator Breast and Cervical Health Program WCGH Oncology and Infusion Therapy Center Oncology Patient Assistance Fund Mammogram patient assistance fund Virtual Colonoscopy Endoscopy suite and surgeons	Health Centers and Primary Care offices serve as Breast and Cervical Cancer Program site

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
	coverage for screenings as well as free or reduced screening opportunities available to increase early detection				
Care for chronic conditions	<p>Coordinate care and educate patients about resources available</p> <p>Assist in disease/medication management to reduce hospital admissions and health complications</p> <p>Addition of phase 3 cardiac rehab to increase access to care and improve quality of life</p>	<p>Reduce hospital admissions</p> <p>Improve quality of life</p>	<p>Track hospital admission rates</p> <p>Track medication and medical management compliance rates</p> <p>Track A1C rates</p>	<p>Care managers embedded in practices</p> <p>Diabetes Clinic and Education</p> <p>Cardiac Rehab & Cardiopulmonary services</p> <p>Anticoagulation clinic</p> <p>Home Health Services</p>	<p>Home Health Services</p> <p>Physician practices</p>
ED visits	<p>Provide access to care during off-hours to reduce non-emergency ED visits</p> <p>Provide a dental safety net to reduce ED visits</p>	Decrease overall ED usage	Monitor ED use rates, particularly for non-emergency patients	<p>Extended health center and clinic hours</p> <p>Saturday hours through health centers and primary care offices</p> <p>Waldo County Dental Care</p>	Area dentists
Health status	Increase access to preventative care by reducing or eliminating financial barriers	Increase the number of individuals reporting their health	Monitor health status reporting	<p>CarePartners</p> <p>MedAccess</p> <p>WCGH Financial</p>	<p>City of Belfast</p> <p>Belfast Soup Kitchen</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
	<p>to care</p> <p>Increase access to preventative care by offering extended and Saturday primary care access</p> <p>Increase access to preventative care by providing services in the community and in the homes of those who are unable access care through traditional means</p> <p>Support programs that help community members meet their basic needs</p>	<p>as good to excellent</p> <p>Decrease days lost due to poor health</p>		<p>Assistance Program</p> <p>Private Medical Practices’ Financial Assistance Programs</p> <p>Belfast Public Health Nurses Association</p> <p>Public Assistance Programs/ Waldo CAP</p>	<p>Waldo CAP</p> <p>Broadreach Community and Family Services</p>
Hospital admissions	<p>Coordinate care and educate patients about resources available</p> <p>Assist in disease/medication management to reduce hospital admissions and health complications</p> <p>Increase access to social and mental health care to increase medical compliance and</p>	Decrease rate of preventable hospital admissions	Monitor preventable hospitalization rates, especially for respiratory and drug related issues	<p>Care Managers embedded in practices</p> <p>Mental Health Integration programs at WCGH practices and private medical practices.</p> <p>Discharge Planning</p> <p>Care Transitions Nurse</p> <p>CarePartners</p>	<p>MMC PHO</p> <p>Midcoast Mental Health</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
	<p>educate patients about resources available</p> <p>Increase access to disease management programs, primary and specialty care to increase medical compliance and educate patients about resources available</p> <p>Offer care within the home to manage disease, increase compliance and educate patients</p>			<p>MedAccess</p> <p>WCGH Financial Assistance Program</p> <p>Private Medical Practices' Financial Assistance Programs</p> <p>Pulmonologists and cardiologists on staff.</p> <p>Anticoagulation clinic</p> <p>Home Health Services</p>	
Immunizations	<p>Increase immunization rates by offering immunizations at a variety of locations at a reduced rate</p> <p>Partner with area providers to educate the public about the importance of and availability of vaccinations.</p>	<p>Increase immunization rates for recommended vaccines for children</p> <p>Increase flu vaccine coverage</p>	<p>Monitor childhood immunization rates</p> <p>Monitor # of adults receiving the flu vaccine</p>	<p>Community flu shot clinics</p> <p>School based flu shot clinics</p> <p>Health Center, primary care and pediatric office flu shot clinics</p> <p>Walgreens and Rite Aid offer flu shots during normal business hours</p> <p>Worksite flu shot clinics</p> <p>Belfast Public Health Nurse flu</p>	<p>RSU 20 and RSU 3 to offer school based immunization clinics</p> <p>Belfast Soup Kitchen</p> <p>Area employers</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
				shot clinics at Belfast Soup Kitchen	
Mental health	<p>Increase access to mental health services through partnerships with area providers</p> <p>Increase access to mental health care by offering services within the primary care office at the time of primary care visit and follow-up at the primary care office</p> <p>Reduce the stigma of mental health services by offering them in the primary care office</p> <p>Increase access to mental health services with the use of tele-psychiatry in the ER</p>	<p>Improve mental health coverage</p> <p>Decrease rates of depression</p>	<p>Monitor rates of unmet mental health needs</p> <p>Monitor rates of depression</p>	<p>Mental Health Integration programs at WCGH practices and private medical practices.</p> <p>Midcoast Mental Health Center (MCMHC)</p> <p>MCMHC psychiatric consult service</p> <p>Sweetser</p> <p>Coastal Maine Behavioral Health Inc</p>	<p>Midcoast Mental Health</p> <p>Spring harbor</p> <p>Pen Bay Medical Center</p>
Overweight/ Obesity	<p>Registered sites</p> <p>Conducted site visits</p> <p>Assisted sites with mini-grants</p> <p>Provide TA to sites</p>	<p>Decrease rate of obesity</p>	<p>Achieve 100% of Let's Go! Waldo outcomes</p>	<p>Let's Go! Waldo</p> <p>Fresh Fruit and Vegetable Program</p> <p>Journey to Health Exercise classes</p>	<p>Area childcare centers</p> <p>WCGH and private pediatric and family practices</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
	<p>Included 5210 in annual appeal campaign</p> <p>Hosted a childcare workshop in collaboration with state CTG</p> <p>Full time RSU 20 school-based coordinator</p> <p>Physician champion and internal childcare and healthcare support staff</p> <p>Extend Let's Go to the adult population</p> <p>Take RSU from Redy 1 status to Redy 2</p> <p>Cultivate site champions</p> <p>Create a speakers bureau for schools, childcare and healthcare continuing education credits</p>			<p>Journey to a Healthier You Weight loss program</p>	<p>Waldo County YMCA</p> <p>Game Loft</p> <p>RSU 20</p> <p>RSU 3</p> <p>AthenaHealth</p> <p>Matthew's Brothers</p> <p>State CTG Grant</p> <p>MaineHealth CTG grant</p> <p>Waldo County Farmer's Market</p> <p>Belfast Dance Studio</p> <p>Waterfall Arts</p>
<p>Respiratory disease</p>	<p>Increase access to specialty care to manage COPD and asthma</p> <p>Coordinate care and educate</p>	<p>Increase the number of people with well controlled chronic asthma and</p>	<p>Monitor the hospitalization rates of those with asthma and COPD</p>	<p>CarePartners</p> <p>Case Managers embedded in offices</p> <p>Cardiopulmonary</p>	

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
	<p>patients about resources available</p> <p>Offer on-site access to specialty cardiopulmonary care</p> <p>Increase access to specialty care by reducing or eliminating financial barriers to care</p>	<p>COPD</p>		<p>Program</p> <p>Pulmonologist and NP specializing in pulmonology on staff</p>	
<p>Smoking</p>	<p>Provide inpatient smoking cessation support and counseling</p> <p>Provide multiple levels of support, education and counseling on quitting smoking through provider offices, tobacco help line referrals, community-based cessation programs and the helpers program</p> <p>Ask each patient if they are a tobacco user and if they are counseling them on quitting, referring them to the tobacco help line and/or one of the many cessation programs offered</p>	<p>Increase % of patients screened for tobacco use</p> <p>Increase % of patients advised and counseled to quit by TTS</p> <p>Increase % of patients referred for follow-up treatment to helpline</p> <p>Achieve Gold Star Maine Tobacco Free Hospital Network Program</p>	<p>Achievement of 100% of tobacco treatment outcomes (inpatient)</p>	<p>Cardiopulmonary staff trained as tobacco treatment specialists (TTS)</p> <p>Center for Tobacco Independence training for physician practices staff</p> <p>Faxing referrals to the Maine Tobacco Helpline</p> <p>Offering health coaching and FreshStart classes to community members and businesses</p> <p>Electronic referrals to Helpline</p>	<p>Center for Tobacco Independence</p> <p>Maine Tobacco Helpline</p> <p>Private physicians' offices</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
	locally			Helper’s training	
Youth issues	<p>Reducing the obesity rate of our youth</p> <p>Increasing physical activity rates</p> <p>Increasing fruit and vegetable consumption</p> <p>Reducing tobacco use rates</p> <p>Reducing illegal drug use</p> <p>Increasing access to quitting smoking and/or other illegal drugs</p> <p>Increasing parent and youth access to education about smoking, drug use, obesity and mental health issues</p> <p>Increasing parent and youth access to services for smoking, drug use, obesity and mental health issues</p> <p>Increasing youth access to services for mental health issues and those recovering from</p>	Target youths to improve overall health	Monitor rates of physical activity, mental health, tobacco use, alcohol and substance use, and obesity	<p>Let’s Go! Waldo</p> <p>Parent/Student education</p> <p>School resource officer</p> <p>Making Change</p> <p>Restorative Justice</p> <p>School Resource Officer</p> <p>Student Intervention and Reintegration Program SIRP</p> <p>RSU 20 Great Body Shop Education</p> <p>Youth tobacco education day</p>	<p>Area childcare centers</p> <p>WCGH and private pediatric and family practices</p> <p>Waldo County YMCA</p> <p>Game Loft</p> <p>RSU 20</p> <p>RSU 3</p> <p>Serves as lead agency for grant funding from OSA and Maine CDC for parent and student education and the SIRP program</p> <p>Support and access to schools for National Guard</p> <p>Support, funding and in-kind for student education</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Orgs
	addiction				

APPENDIX 1

WALDO COUNTY KEY FINDINGS

- 2008 Population Estimate = 38,276
- 2008 Median Household Income 2008 = \$44,144
- 15% of residents are age 65+
- 26% of residents enrolled in Medicaid

Health Risks and Challenges

Health Assets and Opportunities

Risk Factors

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| <ul style="list-style-type: none"> • Health Status: High percentage 11 or more days lost to poor health in past month [WAL=10%, ME=8%] • Access to Care: <ul style="list-style-type: none"> ○ High percentage uninsured [WAL=17%, ME=13%] ○ High percentage of females with no medical checkup in past 2 years [WAL=7.5%, ME=6.4%] • Immunizations: Low percentage flu shot or mist in past year [WAL=39%, ME=42%] or pneumococcal vaccination among 65+ [WAL=59%, ME=73%] • Interpersonal Violence: High percentage reporting ever experiencing interpersonal violence [WAL=14%, ME=12%] • Overweight/Obesity: High percentage with sedentary lifestyle [WAL=25%, ME=21%] • Prevention: Low percentage 50+ adults received colonoscopy past 5 years [WAL=56%, ME=63%] • Reproductive Health: <ul style="list-style-type: none"> ○ 2nd highest teen birth rate ○ 2nd highest percentage of infants born with low birthweight [WAL=7.8%, ME=6.4%] • Smoking: Low percentage of smokers advised to quit by provider in past year [WAL=54%, ME=72%] • Alcohol and Substance Use: Highest percentage 18-44 year old adults reporting binge drinking in past month [WAL=30%, ME=26%] • Youth (Grade 9-12): <ul style="list-style-type: none"> ○ Highest percentage obese youth of any county [WAL=18%, ME=13%] ○ High percentage current smokeless tobacco user [WAL=13%, ME=10%] ○ High percentage alcohol use past month [WAL=44%, ME=35%] and highest percentage binge drinking past month of any county [WAL=28%, ME=21%] ○ High percentage past month marijuana use [WAL=28%, ME=24%], inhalant use [WAL=12%, ME=9%], and prescription drug misuse [WAL=13%, ME=11%] | <ul style="list-style-type: none"> • Alcohol and Substance Use: <ul style="list-style-type: none"> ○ Low percentage of adults report chronic heavy drinking in past month [WAL=4.6%, ME=6.4%] ○ Low percentage of adults report past month street drug use [WAL=3.9%, ME=5.2%] |
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Health Risks and Challenges

Health Assets and Opportunities

Disease Incidence & Prevalence

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|--|--|
| <ul style="list-style-type: none"> • Respiratory Disease: <ul style="list-style-type: none"> ○ High percentage of adult asthma [WAL=12%, ME=10%] ○ High prevalence of COPD [WAL=6.6%, ME=4.2%] • Cancer: <ul style="list-style-type: none"> ○ High percentage ever diagnosed cancer [WAL=8.8%, ME=7.5%] ○ High incidence cervical and colorectal cancer cancers • Mental Health <ul style="list-style-type: none"> ○ High percentage considered at risk for depression based on MHI-5 score [WAL=8.7%, ME=7.2%] ○ High percentage adults with current diagnosed depression [WAL=17%, ME=15%] • Arthritis: High prevalence arthritis [WAL=37%, ME=32%] | <ul style="list-style-type: none"> • Heart Disease: Low prevalence of high cholesterol [WAL=25%, ME=29%] or heart disease [WAL=3.8%, ME=6.3%] • Respiratory Disease: Low percentage parental report of youth (0-17) asthma [WAL=3%, ME=6.1%] • Cancer: Low incidence bladder cancer • Mental Health: <ul style="list-style-type: none"> ○ Low percentage with unmet mental health treatment needs in past year [WAL=2.7%, ME=4.8%] ○ Low percentage received outpatient mental health treatment in past year [WAL=9%, ME=11%] • Infectious Disease: Low incidence of all infectious disease |
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Hospital Utilization & Mortality Rates

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| <ul style="list-style-type: none"> • Hospital Admissions: <ul style="list-style-type: none"> ○ High AMI hospital admissions ○ High pneumonia and emphysema hospital admission rates ○ High hospital admission rates for major depressive disorder and anxiety ○ High acute alcohol related mental disorder hospital admission rate • Emergency Department (ED) Visits: <ul style="list-style-type: none"> ○ High ED visit rate among elderly (65+) ○ High ambulatory care sensitive condition ED visit rate ○ High COPD and pneumonia ED visit rates ○ High uncontrolled diabetes ED visit rate ○ High major depressive disorder ED visits • Mortality: <ul style="list-style-type: none"> ○ High heart disease mortality ○ High cervical and melanoma mortality rates ○ High suicide mortality rate ○ High motor vehicle accident mortality rate among males | <ul style="list-style-type: none"> • Low ambulatory care sensitive hospital admission rate • Low bronchitis/asthma and COPD hospital admission rates • Low senility and organic mental disorder hospital admission and ED visit rates • Low hospital admission and ED visit rates for most substance abuse related disorder • Low anxiety ED visit rate • Low bronchitis asthma ED visit rates • Low bladder mortality rate • Low alcohol liver disease mortality rate • Low motor vehicle accident rate among females |
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Note: The term high connotes a result at least 10% greater than Maine result. The term low connotes a result at least 10% less than the Maine result. Highest and 2nd highest are based on comparisons between Maine counties. Additional detail on indicators and data sources can be found in full report – Appendix 9: Detailed Data Sources

		Waldo	Maine	Maine Counties Source
DEMOGRAPHICS				
Total Population		38,276	1,319,691	2008 Census Estimates
Median Annual Household Income (to 2008)		\$44,144	\$46,807	ME SPO Data Center
% of Labor Force Unemployed		7.8%	7.8%	ME Dept Labor
% Population Not Attaining H.S. Diploma (>25 yr)		15%	15%	2000 Census
% Population on Medicaid (all ages)		26%	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)		20%	16%	Household Survey
HEALTH STATUS				
% Health Fair to Poor		15%	15%	Household Survey
% 11+ Days Lost due to Poor Mental or Physical Health		10%	8%	Household Survey
% 3+ Chronic Conditions		13%	13%	Household Survey
Wellness Categories:				
%Well		36%	34%	Household Survey
%At Risk for Future Medical Problems		7%	8%	Household Survey
%Some Health Problems		33%	36%	Household Survey
%Not Well		23%	23%	Household Survey
ACCESS TO CARE				
% Without Usual Source of Primary Care (Males)		18%	18%	Household Survey
% Without Usual Source of Primary Care (Females)		8.0%	8.3%	Household Survey
% Named hospital or ER as usual source of care		1.1%	1.9%	Household Survey
% Not Having a Checkup Within the Past 2 yrs (Males)		15%	15%	Household Survey
% Not Having a Checkup Within the Past 2 yrs (Females)		7.5%	6.4%	Household Survey
% Received Flu Shot or Mist past 12 months		36%	42%	Household Survey
% Ever Received Pneumococcal Vaccine (Age 65+)		59%	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		25%	24%	Household Survey
ED Visits per 100,000 population		52,106	47,665	MHDO Hosp ED
Ages 65+		62,871	49,497	MHDO Hosp ED
Hospitalizations per 100,000 Population		12,270	12,076	MHDO Hosp Inpatient
Ages 65+		32,885	31,396	MHDO Hosp Inpatient
QUALITY/EFFECTIVENESS				
Ambulatory Care Sensitive Condition (ACSC), Hospital Admission Rate (Overall PQI*)		472	967	MHDO Hosp Inpatient
Ages 0-17		82	191	MHDO Hosp Inpatient
Ages 18-44		191	234	MHDO Hosp Inpatient
Ages 45-64		386	707	MHDO Hosp Inpatient
Ages 65+		1,788	4,166	MHDO Hosp Inpatient
Ambulatory Care Sensitive Condition (ACSC), ED Visit Rate (Overall PQI*)		3,941	3,073	MHDO Hosp Inpatient
Ages 0-17		2,202	1,994	MHDO Hosp Inpatient
Ages 18-44		3,281	2,868	MHDO Hosp Inpatient
Ages 45-64		2,831	2,374	MHDO Hosp Inpatient
Ages 65+		10,111	6,375	MHDO Hosp Inpatient

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

		Waldo	Maine	Maine Counties Source
CARDIOVASCULAR HEALTH				
Risk Factors	% Current Smokers (Age 18+)	21%	22%	Household Survey
	% Sedentary Lifestyle (measured by no physical activity)	25%	21%	Household Survey
	% Overweight (Ages 18+)	36%	37%	Household Survey
	% Obesity (Ages 18+)	27%	28%	Household Survey
Disease Prevalence	% High Cholesterol	25%	29%	Household Survey
	% High Blood Pressure	32%	30%	Household Survey
	% Heart Disease	3.8%	6.3%	Household Survey
Management	Congestive Heart Failure, Hospital Admissions	280	283	MHDO Hosp Inpatient
	AMI, Hospital Admission Rate	281	211	MHDO Hosp Inpatient
	Ages 45-64	179	157	MHDO Hosp Inpatient
	Ages 65+	1,380	1,037	MHDO Hosp Inpatient
	Cerebrovascular Disease (stroke), Hospital Admission Rate	146	149	MHDO Hosp Inpatient
	CABG, Hospital Admission Rate	57	62	MHDO Hosp Inpatient
	% Having Cholesterol Checked within the past year (Ages 21+)	60%	63%	Household Survey
	% Smokers advised to quit smoking in the past yr.	55%	72%	Household Survey
Quality/Effectiveness	AMI, Mortality Rate	44	45	ODRVS Mortality
	Ages 65+	220	232	ODRVS Mortality
	Cerebrovascular Disease (stroke), Mortality Rate	54	49	ODRVS Mortality
	Ages 65+	324	294	ODRVS Mortality
	Heart Disease, Mortality Rate	223	202	ODRVS Mortality
	Ages 65+	1,221	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

		Waldo	Maine	Maine Counties Source
RESPIRATORY HEALTH				
	% Current Smokers (Male)	24%	23%	Household Survey
	% Current Smokers (Female)	19%	20%	Household Survey
	% Former Smokers	28%	31%	Household Survey
Disease Prevalence	% Current Asthma (Ages 18+)	12%	10%	Household Survey
	% Ever Asthma (Ages 0-17)	3.0%	6.1%	Household Survey
	% COPD	6.6%	4.2%	Household Survey
	Lung and Broncus Cancer, Males, Incidence Rate	105	105	ME CDC Cancer Reg
	Lung and Broncus Cancer, Females, Incidence Rate	89	86	ME CDC Cancer Reg
Management	% Received Flu Shot or Mist past 12 months	36%	42%	Household Survey
	% Ever Received Pneumoccal Vaccine (Ages 65+)	59%	73%	Household Survey
	Bronchitis and Asthma, Hospital Admission Rate	74	87	MHDO Hosp Inpatient
	Ages 65+	130	114	MHDO Hosp Inpatient
	Bronchitis and Asthma, ED Visit Rate	879	988	MHDO Hosp ED
	Ages 65+	573	632	MHDO Hosp ED
	COPD, Hospital Admission Rate	252	284	MHDO Hosp Inpatient
	COPD, ED Visit Rate	1,244	998	MHDO Hosp Inpatient
	Ages 65+	2,734	1,914	MHDO Hosp Inpatient
	Pneumonia, Hospital Admission Rate	455	326	MHDO Hosp Inpatient
	Ages 65+	2,248	1,402	MHDO Hosp Inpatient
	Pneumonia, ED Visit Rate	796	505	MHDO Hosp Inpatient
	Ages 65+	2,005	1,053	MHDO Hosp Inpatient
	Emphysema, Hospital Admission Rate	35	23	MHDO Hosp Inpatient
	Ages 65+	156	79	MHDO Hosp Inpatient
	% Current Smokers advised to quit smoking in the past year	54%	72%	Household Survey
	% Current smokers tried to quit in past year	48%	54%	Household Survey
% Current smokers ever used Maine Tobacco Quitline	11%	19%	Household Survey	
	Lung Cancer, Mortality Rate (Males)	71	78	ODRVS Mortality 07-09
	Lung Cancer, Mortality Rate (Females)	63	61	ODRVS Mortality 07-09
	COPD, Mortality Rate (Ages 65+)	307	332	ODRVS Mortality 07-09
	Pneumonia, Mortality Rate (Ages 65+)	98	103	ODRVS Mortality 07-09
	Smoking-Related Neoplasms, Mortality Rate (Males)	202	205	ODRVS Mortality 07-09
	Smoking-Related Neoplasms, Mortality Rate (Females)	162	150	ODRVS Mortality 07-09

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		Waldo	Maine	Maine Counties Source
CANCER HEALTH				
	All Cancers, Incidence Rate	661	629	ME CDC Cancer Reg
	Bladder, Incident Rate	24	35	ME CDC Cancer Reg
	Female Breast Cancer, Incidence Rate	171	162	ME CDC Cancer Reg
	Female Cervix Uteri, Incidence Rate	20.5	7.3	ME CDC Cancer Reg
	Colorectal, Incidence Rate	70	62	ME CDC Cancer Reg
	Lung and Bronchus Cancer, Incidence Rate	97	95	ME CDC Cancer Reg
	Melanoma, Incidence Rate	25	26	ME CDC Cancer Reg
	Male Prostate, Incidence Rate	199	187	ME CDC Cancer Reg
Management / Patient Care	% Reported Mammogram past year (40+)	68%	69%	Household Survey
	% Stage Female Breast, Local	64%	66%	ME CDC Cancer Reg
	% Stage Female Breast, Distant	6.0%	3.8%	ME CDC Cancer Reg
	% Reported Pap Smear past 2 years	73%	70%	Household Survey
	% Stage Cervix Uteri Female, Local	42%	52%	ME CDC Cancer Reg
	% Stage Cervix Uteri Female, Distant	17%	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+)	56%	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	24%	16%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Male, Distant	32%	50%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Female, Local	19%	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+)	68%	69%	Household Survey	
% Reported Digital Rectal Exam past 2 years (males Age 50+)	68%	68%	Household Survey	
% Stage Prostate, Local	85%	76%	ME CDC Cancer Reg	
% Stage Prostate, Distant	2.7%	3.8%	ME CDC Cancer Reg	
Quality/Effectiveness	All Cancers, Mortality Rate	243	234	ODRVS Mortality
	Bladder, Mortality Rate	3.5	7.5	ODRVS Mortality
	Female Breast Cancer, Mortality Rate	27	28	ODRVS Mortality
	Female Cervix Uteri, Mortality Rate	5.1	2.5	ODRVS Mortality
	Colorectal, Mortality Rate	21	21	ODRVS Mortality
	Lung, Mortality Rate	67	69	ODRVS Mortality
	Melanoma, Mortality Rate	4.4	3.6	ODRVS Mortality
	Male Prostate, Mortality Rate	23	23	ODRVS Mortality

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		Waldo	Maine	Maine Counties Source
DIABETES HEALTH				
Disease Prevalence	% Diagnosed Diabetes	11%	10%	Household Survey
	Ages 18-44	3.2%	2.9%	Household Survey
	Ages 45-64	14%	13%	Household Survey
	Ages 65+	18%	21%	Household Survey
Management	% Reported hemoglobin A1c measurement (at least once) in past year (Age 18+)	85%	89%	Household Survey
	% Reported pupil dilation eye exam in past yr (age 18+)	70%	76%	Household Survey
	% Reported foot examination in past yr (Age 18+)	74%	78%	Household Survey
	% Reported ever taken diabetes self management course (Age 18+)	60%	54%	Household Survey
	Diabetes, Hospital Admission Rate	84	79	MHDO Hosp Inpatient
	Ages 18-44	102	75	MHDO Hosp Inpatient
	Ages 45-64	57	75	MHDO Hosp Inpatient
	Ages 65+	182	150	MHDO Hosp Inpatient
	Diabetes Short-term Complications, ACSC ED Visit Rate	27	9	MHDO Hosp Inpatient
	Diabetes Long-term Complications, ACSC ED Visit Rate	132	111	MHDO Hosp Inpatient
Diabetes Uncontrolled, ACSC ED Visit Rate	16	11		
Quality	Diabetes, Mortality Rate	28	26	ODRVS Mortality
	Ages 65+	133	126	ODRVS Mortality

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		Waldo	Maine	Maine Counties Source
MENTAL HEALTH				
Risk Factors	% 11+ Days Mental Health Not Good	12%	11%	BRFSS 2008 + 2009
	Ages 65+	7.6%	6.1%	BRFSS 2008 + 2009
	% needed, but did not get, mental health treatment in past 12 months	2.7%	4.8%	Household Survey
Disease Prevalence	% receiving outpatient mental health treatment in past 12 mos	9.2%	11%	Household Survey
	% At Risk for Clinical Depression Based on MHI5 (18+)	8.7%	7.2%	Household Survey
	% Diagnosed Depression (ever, 18+)	21%	22%	Household Survey
	% Current Depression (18+)	17%	15%	Household Survey
	% Diagnosed Other Psychiatric Disorder (ever, 18+)	13%	13%	Household Survey
	% Developmental Delay/Learning Disability (Ages 0-17)	4.6%	4.5%	Household Survey
Management	Psychoses Hospital Admission Rate	610	578	MHDO Hosp Inpatient
	Ages 65+	269	246	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, Hospital Admission Rate	6.5	8.6	MHDO Hosp Inpatient
	Ages 65+	26	50	MHDO Hosp Inpatient
	Major Depressive Disorder, Hospital Admission Rate	193	157	MHDO Hosp Inpatient
	Ages 0-17	101	85	MHDO Hosp Inpatient
	Ages 18-64	246	196	MHDO Hosp Inpatient
	Ages 65+	95	93	MHDO Hosp Inpatient
	Bipolar Disorder, Hospital Admission Rate	278	280	MHDO Hosp Inpatient
	Ages 65+	130	88	MHDO Hosp Inpatient
	Schizophrenia, Hospital Admission Rate	106	114	MHDO Hosp Inpatient
	Ages 65+	8.7	39	MHDO Hosp Inpatient
	Anxiety, Hospital Admission Rate	310	269	MHDO Hosp Inpatient
	Ages 65+	57	70	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, ED Rate	24	28	MHDO Hosp ED
	Major Depressive Disorder, ED Rate	140	109	MHDO Hosp ED
	Bipolar Disorder, ED Rate	182	166	MHDO Hosp ED
	Schizophrenia, ED Rate	64	70	MHDO Hosp ED
Anxiety Disorder, ED Rate	1,429	1,618	MHDO Hosp ED	
Suicide, Mortality Rate (Males)	32	23	ODRVS Mortality	
Suicide, Mortality Rate (Females)	5.1	5.4	ODRVS Mortality	

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		Waldo	Maine	Maine Counties Source
SUBSTANCE ABUSE				
Prevalence	% Chronic Heavy Drinking - Past Month	4.6%	6.4%	BRFSS 2008 & 2009
	Ages 65+	4.8%	4.5%	BRFSS 2008 & 2009
	% Binge Drinking -Past Month	16%	15%	BRFSS 2008 & 2009
	Ages 18-44	30%	26%	BRFSS 2008 & 2009
	% Ever diagnosed with Substance Abuse Problem	4.3%	4.7%	Household Survey
	% Current Substance Abuse Problem	1.1%	1.5%	Household Survey
	% Overdose Past 12 mos (Households)	1.4%	0.9%	Household Survey
	% have used any street drugs in past 30 days	3.9%	5.2%	Household Survey
% have used any prescription drugs for non-prescribed purpose in past 30 days	1.4%	1.8%	Household Survey	
Management	Substance Abuse, Hospital Admission Rate	201	379	MHDO Hosp Inpatient
	Ages 65+	95	149	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, Hospital Admission Rate	65	50	MHDO Hosp Inpatient
	Ages 65+	17	19	MHDO Hosp Inpatient
	Alcohol-Related Psychoses, Hospital Admission Rate	63	174	MHDO Hosp Inpatient
	Ages 65+	26	52	MHDO Hosp Inpatient
	Acute Drug-Related Mental Disorders, Hospital Admission Rate	31	39	MHDO Hosp Inpatient
	Ages 65+	8.7	6.5	MHDO Hosp Inpatient
	Drug-Related Psychoses, Hospital Admission Rate	42	117	MHDO Hosp Inpatient
	Ages 65+	43	72	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, ED Rate	110	131	MHDO Hosp ED
	Alcohol-Related Psychoses, ED Rate	18	28	MHDO Hosp ED
	Acute Drug-Related Mental Disorders, ED Rate	206	297	MHDO Hosp ED
	Drug-Related Psychoses, ED Rate	39	57	MHDO Hosp ED
	Alcohol-Related Mortality Rate (Males)	18	19	ODRVS Mortality
	Alcohol-Related Mortality Rate (Females)	9	10	ODRVS Mortality
	Alcohol Liver Disease, Mortality Rate	8	11	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Males)	27	21	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Females)	5.1	8.0	ODRVS Mortality

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		Waldo	Maine	Maine Counties Source
REPRODUCTIVE HEALTH				
	2 or more sex partners in past yr (ages 18-34)	8.7%	16%	Household Survey
	% used condom last time had sex (ages 18-34)	42%	35%	Household Survey
	Teen Birth Rate (10-17yrs) Per 1,000 Females	6.7	4.1	ODRVS Birth
Management	High Risk Pregnancy, Hospital Admission Rate (10-44 year old females)	343	360	MHDO Hosp Inpatient
	C-Section Rate per 100 births	33	30	ODRVS Birth
	% Adequate Prenatal Care (of live births)	90%	91%	ODRVS Birth
	% Inadequate Prenatal Care (of live births)	3.2%	2.5%	ODRVS Birth
	% Low Birthweight (<2500 grams)	7.8%	6.4%	ODRVS Birth
	% Prematurity (< 37 weeks)	8.5%	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	5.8	3.9	ODRVS Mortality
CHILD/YOUTH HEALTH				
	% Seriously Considered Suicide	15%	14%	MIYHS 2009
	% Current Smoker (Past Month) (Grade 9-12)	22%	20%	MIYHS 2009
	% Current Smokeless Tobacco User	13%	9.5%	MIYHS 2009
	% Alcohol Use (Past Month) (Grade 9-12)	44%	35%	MIYHS 2009
	% Binge Drink (5+ in a row) Past Month) (Grade 9-12)	28%	21%	MIYHS 2009
	% Marijuana Use (Past Month) (Grade 9-12)	28%	24%	MIYHS 2009
	% Sniffed Glue or Other Inhalant (Past Month) (Grade 9-12)	12%	9%	MIYHS 2009
	% Regular Physical Activity (at least 60 min on 5 of last 7 dys)	37%	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	6.7	4.1	ODRVS Birth
Prevalence	% Ever Been Diagnosed with Asthma (0-17) parental report	3.0%	6.1%	Household Survey
	% Overweight/Obesity Problem (0-17) parental report	1.3%	2.0%	Household Survey
	% Overweight (Grade 9-12)	14%	14%	MIYHS 2009
	% Obese (Grade 9-12)	18%	13%	MIYHS 2009
	% with developmental delay or learning disability (0-17) parental report	4.6%	4.5%	Household Survey
Management	ACSC, ED Rate - Overall PQI (Ages 0-17)	2,202	1,994	MHDO Hosp Inpatient
	ACSC, Hospital Admission Rate - Overall PQI (Ages 0-17)	82	191	MHDO Hosp Inpatient
	Asthma and Bronchitis, Hospital Admission Rate (Ages 0-17)	114	196	MHDO Hosp Inpatient
	Pneumonia, Hospital Admission Rate (Ages 0-17)	38	132	MHDO Hosp Inpatient
	Psychoses Hospital Admission Rate (Ages 0-17)	776	484	MHDO Hosp Inpatient
	Major Depressive Disorder, Hospital Admission Rate (Ages 0-17)	101	85	MHDO Hosp Inpatient
	Bipolar Disorder, Hospital Admission Rate (Ages 0-17)	618	353	MHDO Hosp Inpatient
	Asthma and Bronchitis, ED Rate (Ages 0-17)	1,035	1,145	MHDO Hosp ED
Pneumonia, ED Rate (Ages 0-17)	662	516	MHDO Hosp ED	

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		Waldo	Maine	Maine Counties Source
ORTHOPEDICS				
	% Diagnosed Arthritis	37%	32%	BRFSS 2007 & 2009
	Ages 65+	62%	59%	BRFSS 2007 & 2009
	Hip Procedures, Hospital Admission Rate	94	93	MHDO Hosp Inpatient
	Ages 65+	469	452	MHDO Hosp Inpatient
	Head Brain Injury, Hospital Admission Rate	44	57	MHDO Hosp Inpatient
	Ages 65+	104	180	MHDO Hosp Inpatient
INFECTIOUS DISEASE				
	HIV/AIDS, Hospital Admissions Rate	0	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	149	197	ME CDC Infect Disease 2008
INTIMATE PARTNER VIOLENCE				
	% Ever physically hurt by Intimate Partner	14%	12%	Household Survey
	% Past yr physical violence or unwanted sex from Intimate Partner	0.7%	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.