

## Health Index Priority Issues for MaineHealth – data updated June 1, 2022

HEALTH INDEX PRIORITY LONG-TERM METRIC		MaineHealth Service Area data or Maine data			U.S. (Benchmark)		
		BASELINE RATE	CURRENT RATE	Change	FY 2028 TARGET	CURRENT RATE	+/-
<b>1. Cardiovascular Disease</b>							
Deaths per 100,000 population†		2010-12 186.1	2018-20 187.2	○	≤175	2018-20 217.4	★
<b>2. Cancer</b>							
Deaths per 100,000 population†		2010-12 181.7	2018-20 158.7	★	≤140	2018-20 146.4	!
New cases per 100,000 population†		2008-10 502.8	2016-18 488.0	★	≤450	2016-2018 460.1	!
<b>3. Diabetes</b>							
% ever told has Diabetes		2014 9.5%	2020 10.3%	○	≤9%	2020 10.6%	○
<b>4. Behavioral Health</b>							
a. Substance Misuse and Dependence							
Drug-overdose deaths per 100,000 population†		2010-12 11.5	2018-20 32.6	!	≤12	2018-20 24.7	!
b. Mental Health Conditions							
Suicides per 100,000 population†		2010-12 15.0	2018-20 18.2	!	≤14	2018-20 13.9	!
<b>5. Healthy Aging: Falls Prevention</b>							
% 65+ year-olds reported falling 1+ times within the past 12 months		2012 29.7%	2020 29.1%	○	≤26%	2020 27.1%	○
<b>6. Child &amp; Adolescent Immunizations</b>							
% of 19- to 35-month-olds up-to-date for combined 7-vaccine series (by birth year‡)		Born: 2011 74.9%	Born: 2018 83.7%	○	80.0%	Born: 2018 75.4%	○
<b>7. Tobacco &amp; Nicotine Dependence</b>							
% 18+ yr-olds currently smoke		2014 19.3%	2020 16.5%	★	≤14%	2020 15.5%	○
% high school students used any tobacco or electronic vapor product in past 30 days		2017 22.5%	2019 33.0%	!	≤20%	2019 36.5%	○
<b>8. Obesity</b>							
% 18+ yr-olds with obesity		2014 28.2%	2020 31.0%	!	≤26%	2020 31.9%	○
% high school students with obesity		2009 12.5%	2019 14.9%	○	≤13%	2019 15.5%	○
<b>9. Social Determinants of Health</b>							
% households experiencing food insecurity		2012 14.4%	2019 12.4%	○	≤11%	2019 10.9%	○
% of individuals who are uninsured		2012 10.0%	2019 7.5%		TBD	2019 8.8%	
<b>10. COVID (temporary)</b>							
% Total Population Fully Vaccinated		11/1/2020 0.0	6/1/2022 74.3%	★		6/1/2022 66.7%	★

\* The MaineHealth targets are all set to use the most recent years of data that will be available as of September 30 2028.

† Rates are age-adjusted, the standard population used is the U.S. population in year 2000

‡ Rates are estimated by birth year, rather than survey year. Because of the survey's age eligibility range of 19 to 35 months, data from three survey years are used for each birth-year estimate (e.g. the "Born: 2017" rate used data from 2018-20 surveys).

Data Sources for Long-term Metrics of Proposed <b>Health Index</b> Priority Issues for MaineHealth	
<b>1. Cardiovascular Disease</b>	
Deaths per 100,000 population*	U.S. CDC WONDER database
<b>2. Cancer</b>	
Deaths per 100,000 population*	U.S. CDC WONDER database
New cases per 100,000 population*	
<b>3. Diabetes</b>	
% ever told has Diabetes	U.S. CDC Behavioral Risk Factor Surveillance System
<b>4. Behavioral Health</b>	
a. Substance Misuse and Dependence	
Drug-overdose deaths per 100,000 population*	U.S. CDC WONDER database
b. Mental Health Conditions	
Suicides per 100,000 pop 10+ years old*	U.S. CDC WONDER database
<b>5. Healthy Aging: Falls Prevention</b>	
% 65+ yr-olds reported falling 1+ times within the past 12 months	U.S. CDC Behavioral Risk Factor Surveillance System
<b>6. Child Health: Child &amp; Adolescent Immunizations</b>	
% of 24- to 35-month-olds up-to-date for combined 7-vaccine series	U.S. CDC- National Immunization Survey
<b>7. Tobacco &amp; Nicotine Dependence</b>	
% 18+ yr-olds currently smoke	U.S. CDC Behavioral Risk Factor Surveillance System
% high school students used any tobacco product or electronic vapor product in past 30 days	Youth Risk Behavior Survey System
<b>8. Obesity</b>	
% 18+ yr-olds with obesity	U.S. CDC Behavioral Risk Factor Surveillance System
% high school students with obesity	Youth Risk Behavior Survey System
<b>9. Social Determinants of Health</b>	
% households experiencing food insecurity	Feeding America; Map the Meal; US Census
% of individuals who are uninsured	American Community Survey; US Census
<b>10. COVID (temporary)</b>	
Cases in past 7 days per 100,000 pop	Maine CDC; US CDC

## Background about selection of proposed priorities

The primary role of MaineHealth’s Health Index Initiative is helping to inform the strategic direction that MaineHealth takes for improving population health in our communities.

To fulfill this role, we routinely review and update the Health Index priorities. This round of reviewing and proposing a list of priorities began in July, 2019. The proposed list of priorities was primarily created with input from the Center for Health Improvement’s leaders (the Chief Health Improvement Officer, Senior Directors and Directors). In some cases, additional input was gathered from clinical content experts (e.g. experts about healthy aging issues).

- 1) Health Index priorities were selected from the three sets of MaineHealth programs and initiatives listed below. The table on page 3 illustrates how the proposed priorities align with them.
  - a. the seven current Health Index priorities;
  - b. priorities selected by the local health systems in their respective community health needs assessment (CHNA) implementation plans, and
  - c. other system-wide foci, such as Diabetes and Falls Prevention among the Elderly
- 2) The same five criteria used to select the current Health Index priorities were used in this process:
  - a. Action would contribute to improvements in the health status of the population.
    - » Can relate to general population and specific populations of note (e.g., people with diabetes)
    - » Causal relationships established by scientific evidence
    - » Timeline is realistic

- b. There is a high likelihood of success.
    - » Previous research or action has demonstrated effect
    - » Cost effectiveness has been or can be demonstrated
    - » Resources exist or can be secured
  - c. Alignment among potential partners exists.
    - » Potential partners exist in clinical and community domains
    - » Common interests or goals can be determined
  - d. Action is consistent with regional, state, and national efforts by provider organizations like MaineHealth
    - » Healthy People 2020
    - » IHI, NCQA
    - » State Health Plan for Maine
    - » Maine Hospital Association
  - e. Action is consistent with the business interests of MaineHealth as a financially viable, nonprofit regional system of health care provider organizations, whose vision is to *improve community health*.
- 3) CHI leaders made two recommendations for the Health Index priorities moving forward:
- a. At any given time, MaineHealth will have at least one priority related to “Child Health” and at least one related to “Healthy Aging”. In this proposed list, we are proposing child and adolescent immunizations and falls prevention among the elderly. All of the other priorities proposed influence/affect children, youth and the elderly populations. Nevertheless, it was considered important to intentionally ensure inclusion of priorities focused on the elderly and children in the current and future Health Index priorities.
  - b. Shift to broader health topics as priorities. The original Health Index priorities all had an action phrase (e.g. “Decrease” or “Increase”); we recommended that we remove these phrases.

Proposed List of Priority Health Issues in the MaineHealth Health Index October 2020	Current Health Index Priority	CHNA Priorities selected by MH’s local health systems	Other system-wide foci for MaineHealth
1. Cardiovascular Disease	X		
2. Cancer	X		
3. Diabetes		X	X
4. Behavioral Health			
a. Substance Misuse & Dependence	X	X	
b. Mental Health Conditions			X
5. Healthy Aging: Falls Prevention		X	X
6. Child Health: Child & Adolescent Immunizations	X		X
7. Tobacco & Nicotine Dependence	X	X	
8. Obesity	X	X	
9. Social Determinants of Health		X	X
10. COVID (temporary priority)			X
Remove: Preventable Hospitalizations‡	X		

‡ While we have proposed removing the Preventable Hospitalizations measure, two of the chronic conditions (heart failure and diabetes) included in this metric fall under other priorities proposed in this list; thus we can present admissions rates in in-depth reports about those priorities.

The “preventable hospitalizations” measure is defined as the admission rate for 12 ambulatory care-sensitive conditions; patients provided with high-quality, community-based primary health care for these conditions often can avoid hospitalizations or more severe disease that requires treatment within a hospital. The three conditions with the highest admissions rates are heart failure, bacterial pneumonia, and chronic obstructive pulmonary disease. The remaining nine conditions are angina (when no intervention is completed during the hospitalization), asthma, cellulitis, convulsions, dehydration, diabetes, gastroenteritis, hypertension, and kidney/urinary infections.