



Stephens Memorial Hospital
MaineHealth

**STEPHENS MEMORIAL HOSPITAL
Norway, Maine**

**Community Health Needs Assessment &
Implementation Plan**

October 1, 2013 – September 30, 2015

1. Description of the Community Served

Stephens Memorial Hospital (SMH) is committed to providing health care services and education to the communities it serves. SMH employs over 700 superbly trained professionals drawn from across the country while offering the personal approach of a neighbor. Our mission is to ensure an accessible, affordable, and appropriate integrated health care system to improve the health and wellbeing of the community. SMH is part of Western Maine Healthcare, a system that offers a range of inpatient and outpatient services and the dedicate team of physicians, employees, and volunteers provide exceptional high quality care that is convenient and close to home.

SMH serves those residing in Oxford County. Located in western Maine and encompassing a land area of 2,077 square miles, it consists of small and geographically isolated rural communities, surrounded by mountains, hills, rivers, and lakes. Its population of 57,481 is predominantly White (97%), and its low population density of 27.8 people per square mile increases dramatically in the summer months due to tourism. Its largest population centers are Oxford, Rumford, Norway, and Paris.

Oxford County is among the “oldest”, poorest, least educated, and most uninsured among the 11 counties served by MaineHealth. It ranks third for both the number of residents aged 65+ (17.3%) and for the number of residents less than 18 years of age (20.9%). The median household income - \$40,889 – is significantly lower than the state average of \$46,541. The rate of uninsured residents is also high, at 13.5%, compared to the state average of 12.2%. Compared to the other counties in the MaineHealth service area, Oxford County has the second lowest number of residents holding bachelor’s degrees or higher (18.3%) and the third lowest rate of high school graduates at 88.2%.

SMH 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 Oxford 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>).

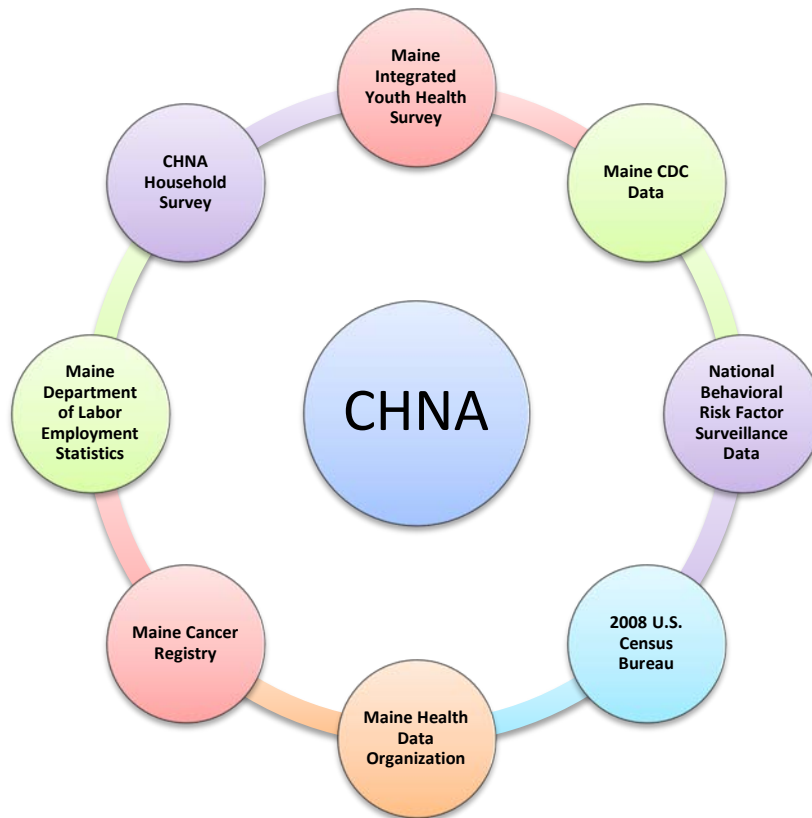


Figure 1. Diagram showing the data sources used in the OneMaine CHNA.

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 SMH included:

- Stephens Memorial Hospital – Tim Churchill, CEO; Pat Cook, SVP Clinical Services
- Healthy Oxford Hills – Ken Morse, Executive Director
- Western Maine Public Health District – MaryAnn Amrich, District Public Health Liaison; Mike Hatch, Western District Coordinating Council Co-Chair; Patty Duguay, Western District Coordinating Council Steering Committee
- Bessey Motors – Gene Benner, Local Business Owner & Chairman of SMH Board
- Oxford Hills School District (MSAD #17) – Rick Colpitts, Superintendent
- MaineHealth – Deb Deatrck, SVP Community Health Improvement

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

- 5210 Let's Go! Oxford County
- Alan Day Community Garden
- Androscoggin Home Health
- Common Ground Counseling
- Community Concepts
- Fare Share Co-op
- Healthy Oxford Hills
- Hope Association
- Mahoosuc Kids Association
- Mahoosuc Pathways
- New Balance
- Oxford County Mental Health Services
- Progress Center
- REACH
- River Valley Healthy Communities Coalition
- Rumford Group Homes
- Rumford Hospital
- SAD 17 and SAD 44 school districts
- SAD 17 School Based Health Center
- Safe Voices
- Seniors Plus
- Tri County Mental Health
- UMaine Cooperative Extension
- United Way of Oxford County
- Western District Coordinating Council
- Western District Public Health Liaison, ME CDC
- Western Maine Economic Development
- Western Maine Economic Development Council
- Western Maine Health/Stephens Memorial Hospital
- Western Maine Land Trust
- Western Maine Transportation Services

5. Prioritized Description of All Community Health Needs Identified

All priorities:

- **Access to care**
- **Alcohol and substance use**
- Cancer
- Community safety/domestic violence
- **Dental health**
- **Diabetes**
- **ED visits**

- **Hospital admissions**
- *Infectious disease*
- **Mental health**
- **Overweight/obesity/physical activity****
- *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. Stephens Memorial Hospital provided the leadership to form the Oxford County Wellness Collaborative in 2013, a county-wide group whose mission is to improve the health status of Oxford County residents. Many of the activities listed below are being addressed through the Collaborative.

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
Access to care	<p>Provide outreach and referral to MaineCare and other safety net programs; provide uncompensated care to eligible individuals</p> <p>Reduce the cost of care where possible</p>	<p>Increase the number of uninsured individuals who receive care</p> <p>Increase accessibility and affordability of care to expand coverage</p>	<p>Monitor percentage of uninsured adults using Behavioral Risk Factor Surveillance System data for Oxford County</p> <p>Monitor reports of unmet medical needs due to cost</p>	<p>Stephens Memorial Hospital</p> <p>MaineCare</p> <p>Physician practices and Stephens Memorial Hospital</p>	<p>MaineHealth</p> <p>Maine Department of Health and Human Services</p> <p>Other social service and health care safety net providers in Oxford County</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
	Provide free or low cost medications	Maintain/expand MedAccess Program	Monitor reports on the type and value of medications provided	MedAccess	MaineHealth Pharmaceutical Companies Stephens Memorial Hospital
Alcohol and substance use	Primary prevention programs in Oxford County middle and high schools Texting and driving education and outreach	Decrease rates of chronic alcohol and substance use Decreased mortality from motor vehicle accidents	Monitor chronic heavy drinking rate Monitor death rates and accidents that involve alcohol or substance use Monitor rates of overdose Monitor reported rate of street drug usage	Behavioral health and substance use treatment organizations Stephens Memorial Hospital ED Maine Prescription Monitoring Program	Behavioral health and substance use providers in Oxford County Schools Faith based organizations Physician practices Maine Prescription Monitoring Program
Cancer	Primary prevention (schools, worksites) Smoking cessation programs Colorectal cancer screening Breast cancer Screening (mammography)	Decrease the rate of cancer	Monitor incidence and prevalence of cancers in Oxford County	Screening and follow-up Education CRC screening subsidies for low income individuals	MaineHealth Maine Cancer Consortium Maine Center for Cancer Medicine Maine Colorectal Cancer Screening Program

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
Community safety/ domestic violence (DV)	Engage two DV groups in Oxford County Outreach and engagement of law enforcement, driver education providers, clergy, behavioral health providers; this is primarily being done by existing community groups with support from the Oxford County Wellness Collaborative	Decrease the rate of domestic-family violence Decrease motor vehicle accidents (see above)	Monitor DV statistics and motor vehicle accident reports for Oxford County	Schools, community organizations, behavioral health and substance abuse provider organizations	DV coalitions in Oxford County Law enforcement (sheriff and police department) Faith based organizations Social service organizations (e.g., Community Concepts)
Diabetes	Provide diabetes education to newly diagnosed patients Provide pre-diabetes education classes for teens and adults Implement Let's Go! obesity prevention program Implement tobacco treatment programs	Decrease the prevalence of diabetes Increase hemoglobin A1c testing and foot exams among diabetics Increase physical activity and healthy eating among children and families in Oxford County	Monitor prevalence of diabetes and pre-diabetes Monitor patient outcomes via EMR and chronic disease registry reports Let's Go! program monitoring reports	Stephens Memorial Hospital Maine CDC	MaineHealth MMC PHO Maine CDC River Valley Healthy Communities Coalition Healthy Oxford Hills

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
Mental health	<p>Continuing Education for mental health and substance abuse providers to address burnout issues</p> <p>Improved coordination of services across Oxford County</p>	<p>Improve mental health coverage</p> <p>Decrease rates of depression</p> <p>Increase provider access</p>	<p>Monitor rates of unmet mental health needs</p> <p>Monitor rates of depression</p> <p>Monitor use of behavioral health services</p>	<p>Behavioral health and substance abuse providers</p> <p>Bingham Program grant</p>	
Obesity, overweight, physical activity	<p>Registered sites</p> <p>Facilitated healthcare trainings</p> <p>Facilitated Oxford County Wellness Collaborative Workgroups</p> <p>Piloted Rural Maine Health Network</p> <p>Facilitated Middle School Culinary Club</p> <p>Facilitating School Nutrition Directors Workgroup</p> <p>Develop a sustainability plan</p>	<p>Decrease the rate of obesity</p> <p>Increase nutritious offerings in school lunch programs</p> <p>Increase adoption of policies and practices</p>	<p>Achievement of 100% of Let's Go! Oxford County outcomes (registration, marketing/awareness, sustainability plan, infrastructure objectives)</p> <p>Monitor participation, menus</p> <p>Monitor adoption of policies and practices</p>	<p>Let's Go! Program</p> <p>Oxford County Wellness Collaborative Workgroups</p> <p>Rural Maine Health Network</p> <p>Middle School Culinary Club</p> <p>School Nutrition Directors Workgroup</p>	<p>Schools</p> <p>Child care providers</p> <p>Media</p> <p>Worksites</p> <p>Healthcare providers</p> <p>Community organizations</p>

Priority	Activities	Anticipated Impact of Activities	Plan to Evaluate Impact	Programs and Resources Committed	Planned Collaboration with Other Organizations
Smoking	<p>Assigned Champion</p> <p>Established inpatient program, trained staff, and implemented with medical staff and nursing units</p> <p>Revamped referral process</p> <p>Increase level of provider intervention</p> <p>Increase integration with provider practices</p>	<p>Decrease the rate of smoking</p> <p>Improve referral process to help increase quitting rates</p>	<p>Percentage of inpatients screened</p> <p>Percentage of smokers advised and counseled to quit</p> <p>Percentage of patients referred to Maine Tobacco HelpLine</p>	<p>Inpatient program</p> <p>Provider education</p>	<p>Maine Tobacco HelpLine</p> <p>Provider practices</p>

APPENDIX 1

OXFORD COUNTY KEY FINDINGS

- 2008 Population Estimate = 56,608
- 2008 Median Household Income 2008 = \$38,987
- 16% of residents are age 65+
- 30% of residents enrolled in Medicaid

Health Risks and Challenges

Health Assets and Opportunities

Risk Factors

- **Access to Care:**
 - High percentage of nonelderly adults (18-64) uninsured [OXF=18%, ME =16%]
 - Highest percentage of females with no usual source of medical care [OXF=12%, ME=8%]
 - High percentage reporting unmet medical needs in past year due to cost [OXF=9%, ME=7%]
 - High percentage with no dental visit in past 2 years [OXF=34%, ME=24%]
- **Health Status:**
 - High percentage report health as fair to poor [OXF=23%, ME=15%]
 - High percentage report 11 or more days lost in past month due to poor health [OXF=11%, ME=8%]
 - High percentage with 3+ chronic conditions [OXF=17%, ME=13%]
- **Overweight/Obesity:**
 - High percentage with sedentary lifestyle [OXF=24%, ME=21%]
 - High percentage obese [OXF=33%, ME=28%]
- **Smoking:** High percentage of current smokers: [OXF=25%, ME=22%], especially among males
- **Interpersonal violence:** High percentage experienced interpersonal violence in lifetime [OXF=15%, ME=12%]
- **Alcohol and Substance Use:**
 - High percentage of chronic heavy drinking [OXF=8%, ME=6%]
 - High percentage report use of street drugs in past 30 days [OXF=7%, ME=5%] and household overdose in past year [OXF=1.5%, ME=0.9%]
- **Youth (Grades 9-12):**
 - High percentage past month smokeless tobacco use [OXF=11%, ME=9.5%]
 - Low percentage report regular physical activity [OXF=34%, ME=39%]
 - High percentage overweight [OXF=17%, ME=14%] and obese [OXF=16%, ME=13%]

- **Smoking:** High percentage of smokers report having tried to quit in past year [OXF=61%, ME=54%] and having ever used Maine Tobacco Quitline [OXF=22%, ME=19%]
- **Prevention:** High percentage of elderly females report having received pneumococcal vaccination [OXF=87%, ME=74%]
- **Alcohol and Substance Use:** Low percentage with prescription drug misuse in past 30 days [OXF=0.9%, ME=1.8%]
- **Reproductive Health:** Low teen birth rate

Health Risks and Challenges

Health Assets and Opportunities

Disease Incidence & Prevalence

- | | |
|---|--|
| <ul style="list-style-type: none"> • Respiratory Disease: High prevalence of COPD [OXF=6.7%, ME=4.2%] and youth asthma [OXF=7%, ME=6%] • Cancer: <ul style="list-style-type: none"> ○ High percentage reporting ever diagnosed with cancer [OXF=9.3%, ME=7.5%] ○ High incidence of lung cancer among males ○ High incidence of bladder and colorectal cancers • Diabetes: <ul style="list-style-type: none"> ○ High prevalence of diabetes [OXF=12%, ME=10%] ○ Low receipt of hemoglobin A1c testing and foot examinations among diabetics • Infectious Disease: High incidence of gonorrhea • Mental Health: <ul style="list-style-type: none"> ○ High percentage reporting 11 or more days mental health not good in past month [OXF=14%, ME=11%] ○ High percentage with unmet mental health care needs [OXF=6%, ME=5%] ○ Highest percentage of any county considered at risk for depression based on MHI-5 score [OXF=12%, ME=7%] | <ul style="list-style-type: none"> • Cancer: Low incidence of female cervical cancer |
|---|--|

Hospital Utilization & Mortality Rates

- | | |
|---|--|
| <ul style="list-style-type: none"> • Hospital Admissions: <ul style="list-style-type: none"> ○ High hospitalization rates for respiratory disease including COPD, pneumonia, emphysema and bronchitis/asthma ○ High hospitalization rates for drug related psychoses, high risk pregnancy complications, hip procedures and head/brain injuries • Emergency Department (ED) Visits: <ul style="list-style-type: none"> ○ High overall ED use ○ High ED rates for bronchitis/asthma among youth (0-17) ○ High ED visit rates for COPD • Mortality: <ul style="list-style-type: none"> ○ High cerebrovascular (stroke) and COPD mortality rates ○ High all cancer, bladder, breast, colorectal, and lung cancer mortality rates ○ High diabetes mortality rate ○ High alcohol-related and liver disease mortality rates ○ High mortality rates among females for suicides and motor vehicle accidents ○ High smoking related neoplasm mortality among males | <ul style="list-style-type: none"> • Low hospital admission rates for ambulatory care sensitive conditions among youth and adults 18-44. • Low hospitalization rates for cardiovascular disease including CHF, AMI and Stroke • Low hospitalization rate for bronchitis/asthma among youth (0-17) • Low hospitalization rates for mental health diagnoses. • Low mortality rate for AMI • Low mortality rates for melanoma and prostate cancers • Low infant mortality rate |
|---|--|

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

		Oxford	Maine	Maine Counties Source
DEMOGRAPHICS				
Total Population	56,608	1,319,691	2008 Census Estimates	
Median Annual Household Income (to 2008)	\$38,987	\$46,807	ME SPO Data Center	
% of Labor Force Unemployed	11%	7.8%	ME Dept Labor	
% Population Not Attaining H.S. Diploma (>25 yr)	18%	15%	2000 Census	
% Population on Medicaid (all ages)	30%	23%	2004 CMS, HRSA Area Resource File	
% Population Under the Age of 18	21%	21%	2008 Census Estimates	
% Population Age 65 and Over	16%	15%	2008 Census Estimates	
% Uninsured Non-Elderly Adults (Ages 18-65)	18%	16%	Household Survey	
HEALTH STATUS				
% Health Fair to Poor	23%	15%	Household Survey	
% 11+ Days Lost due to Poor Mental or Physical Health	11%	8%	Household Survey	
% 3+ Chronic Conditions	17%	13%	Household Survey	
Wellness Categories:				
%Well	32%	34%	Household Survey	
%At Risk for Future Medical Problems	7%	8%	Household Survey	
%Some Health Problems	32%	36%	Household Survey	
%Not Well	29%	23%	Household Survey	
ACCESS TO CARE				
% Without Usual Source of Primary Care (Males)	16%	18%	Household Survey	
% Without Usual Source of Primary Care (Females)	12%	8.3%	Household Survey	
% Named hospital or ER as usual source of care	2.7%	1.9%	Household Survey	
% Not Having a Checkup Within the Past 2 yrs (Males)	17%	15%	Household Survey	
% Not Having a Checkup Within the Past 2 yrs (Females)	6.6%	6.4%	Household Survey	
% Received Flu Shot or Mist past 12 months	40%	42%	Household Survey	
% Ever Received Pneumococcal Vaccine (Age 65+)	80%	73%	Household Survey	
% Needed Medical Care But Could not Afford it: Past Year	8.9%	6.5%	Household Survey	
% No Dental Visit in Past 2 Years	34%	24%	Household Survey	
ED Visits per 100,000 population	52,871	47,665	MHDO Hosp ED	
Ages 65+	55,633	49,497	MHDO Hosp ED	
Hospitalizations per 100,000 Population	12,484	12,076	MHDO Hosp Inpatient	
Ages 65+	31,433	31,396	MHDO Hosp Inpatient	
QUALITY/EFFECTIVENESS				
Ambulatory Care Sensitive Condition (ACSC), Hospital Admission Rate (Overall PQI*)	915	967	MHDO Hosp Inpatient	
Ages 0-17	107	191	MHDO Hosp Inpatient	
Ages 18-44	190	234	MHDO Hosp Inpatient	
Ages 45-64	652	707	MHDO Hosp Inpatient	
Ages 65+	3,922	4,166	MHDO Hosp Inpatient	
Ambulatory Care Sensitive Condition (ACSC), ED Visit Rate (Overall PQI*)	3,227	3,073	MHDO Hosp Inpatient	
Ages 0-17	2,043	1,994	MHDO Hosp Inpatient	
Ages 18-44	2,890	2,868	MHDO Hosp Inpatient	
Ages 45-64	2,411	2,374	MHDO Hosp Inpatient	
Ages 65+	7,101	6,375	MHDO Hosp Inpatient	

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

		Oxford	Maine	Maine Counties Source
CARDIOVASCULAR HEALTH				
Risk Factors	% Current Smokers (Age 18+)	25%	22%	Household Survey
	% Sedentary Lifestyle (measured by no physical activity)	24%	21%	Household Survey
	% Overweight (Ages 18+)	36%	37%	Household Survey
	% Obesity (Ages 18+)	33%	28%	Household Survey
Disease Prevalence	% High Cholesterol	35%	29%	Household Survey
	% High Blood Pressure	31%	30%	Household Survey
	% Heart Disease	6.9%	6.3%	Household Survey
Management	Congestive Heart Failure, Hospital Admissions	255	283	MHDO Hosp Inpatient
	AMI, Hospital Admission Rate	135	211	MHDO Hosp Inpatient
	Ages 45-64	97	157	MHDO Hosp Inpatient
	Ages 65+	631	1,037	MHDO Hosp Inpatient
	Cerebrovascular Disease (stroke), Hospital Admission Rate	141	149	MHDO Hosp Inpatient
	CABG, Hospital Admission Rate	68	62	MHDO Hosp Inpatient
	% Having Cholesterol Checked within the past year (Ages 21+)	67%	63%	Household Survey
	% Smokers advised to quit smoking in the past yr.	72%	72%	Household Survey
Quality/Effectiveness	AMI, Mortality Rate	36	45	ODRVS Mortality
	Ages 65+	188	232	ODRVS Mortality
	Cerebrovascular Disease (stroke), Mortality Rate	55	49	ODRVS Mortality
	Ages 65+	310	294	ODRVS Mortality
	Heart Disease, Mortality Rate	203	202	ODRVS Mortality
	Ages 65+	1,052	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

		Oxford	Maine	Maine Counties Source
RESPIRATORY HEALTH				
	% Current Smokers (Male)	29%	23%	Household Survey
	% Current Smokers (Female)	20%	20%	Household Survey
	% Former Smokers	30%	31%	Household Survey
Disease Prevalence	% Current Asthma (Ages 18+)	11%	10%	Household Survey
	% Ever Asthma (Ages 0-17)	6.9%	6.1%	Household Survey
	% COPD	6.7%	4.2%	Household Survey
	Lung and Broncus Cancer, Males, Incidence Rate	123	105	ME CDC Cancer Reg
	Lung and Broncus Cancer, Females, Incidence Rate	91	86	ME CDC Cancer Reg
Management	% Received Flu Shot or Mist past 12 months	40%	42%	Household Survey
	% Ever Received Pneumoccal Vaccine (Ages 65+)	80%	73%	Household Survey
	Bronchitis and Asthma, Hospital Admission Rate Ages 65+	87 100	87 114	MHDO Hosp Inpatient
	Bronchitis and Asthma, ED Visit Rate Ages 65+	987 559	988 632	MHDO Hosp ED
	COPD, Hospital Admission Rate	401	284	MHDO Hosp Inpatient
	COPD, ED Visit Rate Ages 65+	1,306 2,531	998 1,914	MHDO Hosp Inpatient
	Pneumonia, Hospital Admission Rate Ages 65+	465 2,105	326 1,402	MHDO Hosp Inpatient
	Pneumonia, ED Visit Rate Ages 65+	531 1,235	505 1,053	MHDO Hosp Inpatient
	Emphysema, Hospital Admission Rate Ages 65+	26 100	23 79	MHDO Hosp Inpatient
	% Current Smokers advised to quit smoking in the past year	72%	72%	Household Survey
	% Current smokers tried to quit in past year	61%	54%	Household Survey
	% Current smokers ever used Maine Tobacco Quitline	22%	19%	Household Survey
	Lung Cancer, Mortality Rate (Males)	88	78	ODRVS Mortality 07-09
	Lung Cancer, Mortality Rate (Females)	73	61	ODRVS Mortality 07-09
	COPD, Mortality Rate (Ages 65+)	406	332	ODRVS Mortality 07-09
	Pneumonia, Mortality Rate (Ages 65+)	89	103	ODRVS Mortality 07-09
	Smoking-Related Neoplasms, Mortality Rate (Males)	254	205	ODRVS Mortality 07-09
Smoking-Related Neoplasms, Mortality Rate (Females)	163	150	ODRVS Mortality 07-09	

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

		Oxford	Maine	Maine Counties Source
CANCER HEALTH				
	All Cancers, Incidence Rate	684	629	ME CDC Cancer Reg
	Bladder, Incident Rate	40	35	ME CDC Cancer Reg
	Female Breast Cancer, Incidence Rate	178	162	ME CDC Cancer Reg
	Female Cervix Uteri, Incidence Rate	3.5	7.3	ME CDC Cancer Reg
	Colorectal, Incidence Rate	69	62	ME CDC Cancer Reg
	Lung and Bronchus Cancer, Incidence Rate	107	95	ME CDC Cancer Reg
	Melanoma, Incidence Rate	24	26	ME CDC Cancer Reg
	Male Prostate, Incidence Rate	184	187	ME CDC Cancer Reg
Management / Patient Care	% Reported Mammogram past year (40+)	70%	69%	Household Survey
	% Stage Female Breast, Local	67%	66%	ME CDC Cancer Reg
	% Stage Female Breast, Distant	3.2%	3.8%	ME CDC Cancer Reg
	% Reported Pap Smear past 2 years	68%	70%	Household Survey
	% Stage Cervix Uteri Female, Local	100%	52%	ME CDC Cancer Reg
	% Stage Cervix Uteri Female, Distant	0%	14%	ME CDC Cancer Reg
	% Reported Blood Stool Test Past Year (Age 50+)	27%	20%	BRFSS 2006/2008
	% Reported Having Sigmoid/Colonoscopy Past 5 Yrs (Age 50+)	61%	63%	Household Survey
	% Stage Colorectal, Local	28%	47%	ME CDC Cancer Reg
	% Stage Colorectal, Distant	36%	17%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Male, Local	16%	16%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Male, Distant	51%	50%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Female, Local	18%	21%	ME CDC Cancer Reg
	% Stage Lung and Brunchus Female, Distant	58%	47%	ME CDC Cancer Reg
	% Reported Prostate Exam (PSA test) past 2 yrs (males Age 50+)	72%	69%	Household Survey
	% Reported Digital Rectal Exam past 2 years (males Age 50+)	66%	68%	Household Survey
% Stage Prostate, Local	84%	76%	ME CDC Cancer Reg	
% Stage Prostate, Distant	1.3%	3.8%	ME CDC Cancer Reg	
Quality/Effectiveness	All Cancers, Mortality Rate	277	234	ODRVS Mortality
	Bladder, Mortality Rate	9.4	7.5	ODRVS Mortality
	Female Breast Cancer, Mortality Rate	38	28	ODRVS Mortality
	Female Cervix Uteri, Mortality Rate	2.3	2.5	ODRVS Mortality
	Colorectal, Mortality Rate	24	21	ODRVS Mortality
	Lung, Mortality Rate	80	69	ODRVS Mortality
	Melanoma, Mortality Rate	1.8	3.6	ODRVS Mortality
	Male Prostate, Mortality Rate	17	23	ODRVS Mortality

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

		Oxford	Maine	Maine Counties Source
DIABETES HEALTH				
Disease Prevalence	% Diagnosed Diabetes	12%	10%	Household Survey
	Ages 18-44	5.4%	2.9%	Household Survey
	Ages 45-64	12%	13%	Household Survey
	Ages 65+	26%	21%	Household Survey
Management	% Reported hemoglobin A1c measurement (at least once) in past year (Age 18+)	78%	89%	Household Survey
	% Reported pupil dilation eye exam in past yr (age 18+)	84%	76%	Household Survey
	% Reported foot examination in past yr (Age 18+)	67%	78%	Household Survey
	% Reported ever taken diabetes self management course (Age 18+)	56%	54%	Household Survey
	Diabetes, Hospital Admission Rate	84	79	MHDO Hosp Inpatient
	Ages 18-44	92	75	MHDO Hosp Inpatient
	Ages 45-64	52	75	MHDO Hosp Inpatient
	Ages 65+	172	150	MHDO Hosp Inpatient
	Diabetes Short-term Complications, ACSC ED Visit Rate	17	9	MHDO Hosp Inpatient
	Diabetes Long-term Complications, ACSC ED Visit Rate	125	111	MHDO Hosp Inpatient
Diabetes Uncontrolled, ACSC ED Visit Rate	11	11		
Quality	Diabetes, Mortality Rate	34	26	ODRVS Mortality
	Ages 65+	162	126	ODRVS Mortality

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

		Oxford	Maine	Maine Counties Source
MENTAL HEALTH				
Risk Factors	% 11+ Days Mental Health Not Good	14%	11%	BRFSS 2008 + 2009
	Ages 65+	5.2%	6.1%	BRFSS 2008 + 2009
	% needed, but did not get, mental health treatment in past 12 months	6.0%	4.8%	Household Survey
Disease Prevalence	% receiving outpatient mental health treatment in past 12 mos	13%	11%	Household Survey
	% At Risk for Clinical Depression Based on MHI5 (18+)	11.9%	7.2%	Household Survey
	% Diagnosed Depression (ever, 18+)	22%	22%	Household Survey
	% Current Depression (18+)	16%	15%	Household Survey
	% Diagnosed Other Psychiatric Disorder (ever, 18+)	12%	13%	Household Survey
	% Developmental Delay/Learning Disability (Ages 0-17)	4.7%	4.5%	Household Survey
Management	Psychoses Hospital Admission Rate	572	578	MHDO Hosp Inpatient
	Ages 65+	255	246	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, Hospital Admission Rate	5.3	8.6	MHDO Hosp Inpatient
	Ages 65+	33	50	MHDO Hosp Inpatient
	Major Depressive Disorder, Hospital Admission Rate	145	157	MHDO Hosp Inpatient
	Ages 0-17	70	85	MHDO Hosp Inpatient
	Ages 18-64	188	196	MHDO Hosp Inpatient
	Ages 65+	78	93	MHDO Hosp Inpatient
	Bipolar Disorder, Hospital Admission Rate	306	280	MHDO Hosp Inpatient
	Ages 65+	89	88	MHDO Hosp Inpatient
	Schizophrenia, Hospital Admission Rate	84	114	MHDO Hosp Inpatient
	Ages 65+	11	39	MHDO Hosp Inpatient
	Anxiety, Hospital Admission Rate	189	269	MHDO Hosp Inpatient
	Ages 65+	54	70	MHDO Hosp Inpatient
	Senility and Organic Mental Disorders, ED Rate	37	28	MHDO Hosp ED
	Major Depressive Disorder, ED Rate	72	109	MHDO Hosp ED
	Bipolar Disorder, ED Rate	145	166	MHDO Hosp ED
	Schizophrenia, ED Rate	75	70	MHDO Hosp ED
Anxiety Disorder, ED Rate	1,763	1,618	MHDO Hosp ED	
	Suicide, Mortality Rate (Males)	20	23	ODRVS Mortality
	Suicide, Mortality Rate (Females)	6.9	5.4	ODRVS Mortality

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

		Oxford	Maine	Maine Counties Source
SUBSTANCE ABUSE				
Prevalence	% Chronic Heavy Drinking - Past Month	7.8%	6.4%	BRFSS 2008 & 2009
	Ages 65+	5.1%	4.5%	BRFSS 2008 & 2009
	% Binge Drinking -Past Month	16%	15%	BRFSS 2008 & 2009
	Ages 18-44	25%	26%	BRFSS 2008 & 2009
	% Ever diagnosed with Substance Abuse Problem	4.1%	4.7%	Household Survey
	% Current Substance Abuse Problem	0.9%	1.5%	Household Survey
	% Overdose Past 12 mos (Households)	1.5%	0.9%	Household Survey
	% have used any street drugs in past 30 days	7.2%	5.2%	Household Survey
% have used any prescription drugs for non-prescribed purpose in past 30 days	0.9%	1.8%	Household Survey	
Management	Substance Abuse, Hospital Admission Rate	359	379	MHDO Hosp Inpatient
	Ages 65+	116	149	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, Hospital Admission Rate	22	50	MHDO Hosp Inpatient
	Ages 65+	22	19	MHDO Hosp Inpatient
	Alcohol-Related Psychoses, Hospital Admission Rate	168	174	MHDO Hosp Inpatient
	Ages 65+	28	52	MHDO Hosp Inpatient
	Acute Drug-Related Mental Disorders, Hospital Admission Rate	18	39	MHDO Hosp Inpatient
	Ages 65+	0	6.5	MHDO Hosp Inpatient
	Drug-Related Psychoses, Hospital Admission Rate	152	117	MHDO Hosp Inpatient
	Ages 65+	66	72	MHDO Hosp Inpatient
	Acute Alcohol-Related Mental Disorders, ED Rate	135	131	MHDO Hosp ED
	Alcohol-Related Psychoses, ED Rate	26	28	MHDO Hosp ED
	Acute Drug-Related Mental Disorders, ED Rate	250	297	MHDO Hosp ED
	Drug-Related Psychoses, ED Rate	40	57	MHDO Hosp ED
	Alcohol-Related Mortality Rate (Males)	25	19	ODRVS Mortality
	Alcohol-Related Mortality Rate (Females)	16	10	ODRVS Mortality
	Alcohol Liver Disease, Mortality Rate	18	11	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Males)	23	21	ODRVS Mortality
	Motor Vehicle Accidents, Mortality Rate (Females)	12	8.0	ODRVS Mortality

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

		Oxford	Maine	Maine Counties Source
REPRODUCTIVE HEALTH				
	2 or more sex partners in past yr (ages 18-34)	19%	16%	Household Survey
	% used condom last time had sex (ages 18-34)	39%	35%	Household Survey
	Teen Birth Rate (10-17yrs) Per 1,000 Females	3.3	4.1	ODRVS Birth
Management	High Risk Pregancy, Hospital Admission Rate (10-44 year old females)	477	360	MHDO Hosp Inpatient
	C-Section Rate per 100 births	30	30	ODRVS Birth
	% Adequate Prenatal Care (of live births)	92%	91%	ODRVS Birth
	% Inadequate Prenatal Care (of live births)	2.5%	2.5%	ODRVS Birth
	% Low Birthweight (<2500 grams)	6.1%	6.4%	ODRVS Birth
	% Prematurity (< 37 weeks)	8.2%	8.7%	ODRVS Birth
	Infant Mortality Rate (deaths to infants from birth through 364 days of age) per 1,000 live births	4.2	5.5	ODRVS Mortality
	Neonatal Mortality Rate (deaths to infants under 28 days) per 1,000 live births	3.0	3.9	ODRVS Mortality
	CHILD/YOUTH HEALTH			
	% Seriously Considered Suicide	15%	14%	MIYHS 2009
	% Current Smoker (Past Month) (Grade 9-12)	19%	20%	MIYHS 2009
	% Current Smokeless Tobacco User	11%	9.5%	MIYHS 2009
	% Alcohol Use (Past Month) (Grade 9-12)	34%	35%	MIYHS 2009
	% Binge Drink (5+ in a row) Past Month) (Grade 9-12)	22%	21%	MIYHS 2009
	% Marijuana Use (Past Month) (Grade 9-12)	25%	24%	MIYHS 2009
	% Sniffed Glue or Other Inhalant (Past Month) (Grade 9-12)	10%	9%	MIYHS 2009
	% Regular Physical Activity (at least 60 min on 5 of last 7 dys)	34%	39%	MIYHS 2009
	% Consume fruits and vegetables 5 or more times/day	14%	15%	MIYHS 2009
	Teen Birth Rate (10-17yrs) Per 1,000 Female Population	3.3	4.1	ODRVS Birth
Prevalance	% Ever Been Diagnosed with Asthma (0-17) parental report	6.9%	6.1%	Household Survey
	% Overweight/Obesity Problem (0-17) parental report	3.7%	2.0%	Household Survey
	% Overweight (Grade 9-12)	17%	14%	MIYHS 2009
	% Obese (Grade 9-12)	16%	13%	MIYHS 2009
	% with developmental delay or learning disability (0-17) parental report	4.7%	4.5%	Household Survey
Management	ACSC, ED Rate - Overall PQI (Ages 0-17)	2,043	1,994	MHDO Hosp Inpatient
	ACSC, Hospital Admission Rate - Overall PQI (Ages 0-17)	107	191	MHDO Hosp Inpatient
	Asthma and Bronchitis, Hospital Admission Rate (Ages 0-17)	161	196	MHDO Hosp Inpatient
	Pneumonia, Hospital Admission Rate (Ages 0-17)	128	132	MHDO Hosp Inpatient
	Psychoses Hospital Admission Rate (Ages 0-17)	503	484	MHDO Hosp Inpatient
	Major Depressive Disorder, Hospital Admission Rate (Ages 0-17)	70	85	MHDO Hosp Inpatient
	Bipolar Disorder, Hospital Admission Rate (Ages 0-17)	395	353	MHDO Hosp Inpatient
	Asthma and Bronchitis, ED Rate (Ages 0-17)	1,285	1,145	MHDO Hosp ED
Pneumonia, ED Rate (Ages 0-17)	564	516	MHDO Hosp ED	

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

		Oxford	Maine	Maine Counties Source
ORTHOPEDICS				
	% Diagnosed Arthritis	35%	32%	BRFSS 2007 & 2009
	Ages 65+	62%	59%	BRFSS 2007 & 2009
	Hip Procedures, Hospital Admission Rate	120	93	MHDO Hosp Inpatient
	Ages 65+	493	452	MHDO Hosp Inpatient
	Head Brain Injury, Hospital Admission Rate	72	57	MHDO Hosp Inpatient
	Ages 65+	210	180	MHDO Hosp Inpatient
INFECTIOUS DISEASE				
	HIV/AIDS, Hospital Admissions Rate	7.1	5.1	MHDO Hosp Inpatient
	Chronic Hepatitis C, Number of Case Reports*	35	1453	ME CDC Infect Disease 2007
	Sexually Transmitted Disease Incidence Rate:			
	Gonorrhea	11	7.3	ME CDC Infect Disease 2008
	Chlamydia	155	197	ME CDC Infect Disease 2008
INTIMATE PARTNER VIOLENCE				
	% Ever physically hurt by Intimate Partner	15%	12%	Household Survey
	% Past yr physical violence or unwanted sex from Intimate Partner	1.2%	1.2%	Household Survey

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

* 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.