Community Health Needs Assessment

June 2013

Franklin Memorial Hospital
Franklin Community Health Network

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Community Served by the Hospital

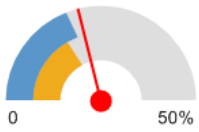
Franklin Community Health Network (FCHN) is the sole hospital network serving the rural community of Greater Franklin County, Maine, population 31,000. Nestled in the foothills of the west central Maine region, with an average of just 18 persons per square mile, this is one of the nation's most rural communities. The more sparsely populated parts of the region are in the north, with some parts federally classified as "frontier;" the most densely populated spot is a quaint university town and Franklin County seat, Farmington, population 7,700 (density: 139 per square mile). In addition to the 18 towns (one of which is disincorporated), four plantations, and six "territories or locations" that make up Franklin County, FCHN also serves several towns in adjacent counties, the largest of which are Livermore Falls (2,000 residents) and Livermore (3,000 residents).

It is the third poorest community in one of the nation's poorest states. Yet, paradoxically, this community has long held a reputation for civic engagement, innovation, and problem solving, giving many residents a quality of life that defies the traditional barriers of low income and rural isolation. That reputation underlies the heritage and culture of FCHN and its flagship hospital, Franklin Memorial Hospital (FMH), enabling the Network to overcome the extraordinary obstacles inherent in serving this geographically and economically challenged service area.

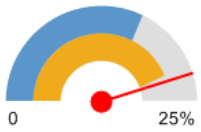
Demographics of the Community

According to the 2010 Census, the population in Franklin County is 96.6% White, non-Hispanic, and 2,239 residents are over 75 years of age. Over 17% of the population has disability status, 9.4% are unemployed, and close to 20% did not graduate from high school.

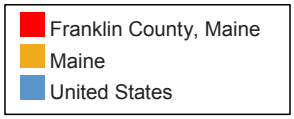
The community struggles with the challenges common to many other rural communities: poverty, isolation, lack of transportation, substance abuse, and sparse resources and services to support healthful lifestyles.



Children in Poverty



Percent receiving Medicaid



Existing Health Care Resources and Preventive Health Care Activities

Existing health care facilities and resources within the community are available to respond to the health needs of the community. First described are affiliates of the FCHN, next described are other community assets for meeting health needs.

Franklin Community Health Network (FCHN) is the parent organization of its flagship hospital, Franklin Memorial Hospital. In addition, the network provides financial and administrative support for its component member community service organizations including, Healthy Community Coalition, Franklin Health (medical practices), NorthStar (ambulance services), Evergreen Behavioral Services, and the Ben Franklin Center (Education).

Healthy Community Coalition of Greater Franklin County (HCC), founded in 1989, is one of the oldest health coalitions in the country. Its mission is to measurably improve the well-being of all people in Greater Franklin County and neighboring towns using a coordinated public health approach of education, promotion, and outreach. With its qualified staff of public health professionals, HCC offers health screenings, health information, and programs and events to support healthy lifestyles that prevent disease and improve quality of life. Its community outreach efforts appear in every town and corner of the region via the Mobile Health Unit and other special events.

In Maine, there are no county health departments. HCC partially fills that gap in Greater Franklin County. As one of Maine's Healthy Maine Partnerships, the HCC strives to promote a healthy lifestyle including tobacco control, nutrition, and physical activity. In addition, the coalition promotes prevention and early detection of cancer, heart disease and stroke, diabetes, and asthma. HCC has been awarded numerous grants and contracts to supplement their work in primary prevention for over 20 years.

Franklin Memorial Hospital (FMH) in Farmington, Maine, is a progressive, friendly, nonprofit community hospital whose mission is to provide high-quality, cost-effective, patient-centered health care. The 65-bed hospital is fully qualified and accredited to handle a broad range of community medical, surgical, pediatric, women's care, and diagnostic services. The hospital works actively with the community and with other health care providers to integrate services and ensure the health of people within its service area. The Auxiliary, formed in 1953, has over 150 members; it operates the hospital gift shop, one of its major fund raisers, and hosts monthly activities and special events which raise thousands of dollars annually to support technology and programs, including annual scholarships to support education for students pursuing careers in the health care field. FMH also hosts and supports outpatient specialty medical services. At present, this includes oncology, Pulmonology, cardiology, wound care and podiatry.

Franklin Health is a multispecialty group practice sponsored by Franklin Memorial Hospital that includes 11 medical and surgical practices. The practices are linked together by technology, an integrated medical record (EMR), and a common concept of patient- and family-centered care. Services are integrated to achieve a medical home model that supports population-based health care and focuses on prevention, primary care, mental health services, and care management. Androscoggin Valley Medical Arts Center provides a nearby facility for close to 5,000 individuals, and is home to Franklin Health Livermore Falls Family Practice.

NorthStar, the regional ambulance service for Greater Franklin County, began in 2005. As part of the FCHN family, NorthStar's 75 Emergency Management Service (EMS) professionals follow their mission of respectful patient care, positive community activities, good stewardship of resources and excellent patient care. This mission is evident throughout NorthStar's operations with 5,000 calls a year to the 71 communities over the 2,800 square miles it proudly serves. With state-of-

State-of-the-art equipment and modern ambulances, the service is ready, responsive, and reliable. They have a patient satisfaction rating of 97 points (of 100 possible). NorthStar runs an array of community services as well, including, but not limited to house calls and bike safety training.

Evergreen Behavioral Services provides crisis mental health services for the Greater Franklin County area. Services include mobile outreach and hospital –based intervention for individuals with urgent mental health needs. A team of qualified professionals provide mental health assessments, short term treatment, and or transfer to an appropriate mental health facility for stabilization and/or inpatient treatment.

The Ben Franklin Center was created to provide patients, professionals, students, and the community access to health information and educational programming. In 2004, they joined the Maine Area Health Education Center (AHEC) Network as one of only four sites across the state dedicated to promoting health professions.

Community Partners

In addition, FCHN has many community partners. Franklin County and the two surrounding counties (Androscoggin and Oxford) comprise the Western Maine Public Health District. Some of the community assets cover Franklin County specifically, and others cover the entire Western Maine District. We are fortunate to have an array of organizations available to respond to the health needs of the population. The list is varied as are the health-related needs, and is not exhaustive of the resources.

- **HealthReach** - A network of 11 Federally Qualified Health Centers, 4 of which are in Franklin County: Rangeley Family Medicine, Strong Area Health Center, Mount Abram Regional Health Center in Kingfield, and Western Maine Family Health Center in Livermore Falls.
- **Western Maine Community Action** - The majority of WMCA services are designed to assist low to moderate-income people in Franklin, Androscoggin and Oxford counties. WMCA offers numerous programs and services that include nutrition, health, home ownership, education, training, employment, volunteerism, and heating and energy assistance.
- **United Way of the Tri-Valley Area** - UWTVA strives to unite people and resources to improve lives and build a strong and healthy community; they do this by identifying local needs and addressing their root causes, raising funds to meet those needs, and collaborating on local initiatives that create a measurable difference in Greater Franklin County.
- **The financial institutions** in Franklin County as they fulfill the requirements of the Community Reinvestment Act. Several banks have partnered with the United Way of the Tri-Valley area and others to support financial literacy and security, and to address the basic needs of the underserved in areas such as homelessness and hunger.
- **Community Concepts** - is a Maine non-profit community action agency dedicated to helping people to help themselves. Since 1965, Community Concepts, Inc. has offered a variety of social services that promote self-sufficiency within the people of the communities of Androscoggin, Franklin and Oxford counties of Maine. The focus is “to coordinate, collaborate, and to focus resources to help people in need build opportunities for a better tomorrow.”
- **Farmington Area Ecumenical Ministry** – FAEM offers several ecumenical worship experiences each year and four unique ministries to respond to the social, physical, and

and spiritual needs of the people of Franklin County. The ministries include co-sponsoring: The Care & Share Food Closet, the Franklin County Ecumenical Heating Fund, a Housing Assistance Fund, and the Farmington Warming Center.

- **New Beginnings** – serves youth who are in crisis through several programs including an emergency shelter, a transitional living program, community and outreach services, and HIV prevention, research and training.
- **Western Maine Transportation Services** – WMTS is a nonprofit 501 (c)(3) public transportation corporation established by statute in 1976. WMTS serves Androscoggin, Franklin, and Oxford Counties with public, wheel-chair-accessible para-transit bus service in and around the more populated regions of its service area. They offer Community Rides, Elder-Rides program for transportation to medical appointments and they also administers the Maine DHHS Friends & Family Rides and Volunteer Rides programs. These provide cost-free transportation to MaineCare covered medical appointments throughout the three counties.
- **SeniorsPlus** – is the Aging and Disability Resource Center for Western Maine, providing services to older adults, adults with disabilities and their families in Androscoggin, Franklin and Oxford Counties.
- **Life Enrichment Advancing People** - LEAP Supports people with developmental and cognitive disabilities in small and individualized community support programs. All services assist the consumers to gain independence and build on existing skills and strengths.
- **Local Food Pantries** of Wilton, Farmington, Phillips, Industry, Carthage, Stratton / Eustis,Tri-town (Livermore, Livermore Falls, and Jay) – serving the towns, plantations, and unincorporated areas of Greater Franklin County.

Process and Methods

The working group for developing this community health needs assessment consisted of: Michael Rowland MD MPH, Vice President of Medical Affairs for FMH; Jennifer McCormack RN, Executive Director of the Healthy Community Coalition (HCC); and Sarah Levin Martin, PhD, epidemiologist at HCC. The working group was responsible for accessing and analyzing existing data sources and for reaching out to gather community input, including both survey data and face-to-face meetings with the following community groups :

- **Franklin Health Collaborative**, representing multiple community groups active in health improve
- **HCC Board of Directors**, representing community groups and individuals engaged in community health education work
- **Western Maine Public Health District** – one of Maine's 9 Public Health Districts, serving a coordinating function among four local health coalitions including HCC.
- **Franklin Memorial Hospital Primary Care Service**, representing primary care providers throughout Franklin County

The advisory group for the assessment is the Population Health committee, a committee of the FCHN board of directors. Membership of the committee includes board members Meredith Tipton PHD (public health), J. Wilson Eastman MD (primary care), and Waine Whittier PE (community

member). The Population Health Committee also includes Kendra Emery, DO (primary care), Michael Rowland and Jennifer McCormack. Staff support for the committee is provided by Peggy Willihan (medical staff support manager). As the plan is rolled out, the Population Health Committee will be monitoring its progress through ongoing communication and an open feed-back loop.

Sources of Data

The data obtained for this CHNA summarizes Franklin County. No other hospital facilities were a part of this CHNA as the FCHN covers the entire County. Objective and quantitative statistical data sources included:

- Community Commons www.communitycommons.org
- County Health Rankings 2010-2013 reports www.countyhealthrankings.org/
- OneMaine Community Health Needs Assessment 2010
- Western Maine Public Health District Data (2012 Maine State Health Assessment)

We used the Community Commons website to produce a report of all conditions where Franklin County was "under benchmark." In so doing, already identified needs (i.e., from OneMaine Community Needs Assessment 2010 or the Western Maine Public Health District Data) were listed, as well as a few others not previously identified. The "list" then included every health behavior and health condition for which Franklin County was an outlier as compared with the State and the nation. These quantitative data were compiled, and then merged with community input.

For community input, we used previously collected data from Community Health Visioning (conducted biennially by the HCC), and we implemented a Community Health Needs Survey, which was distributed electronically in late 2012 to over 2,000 community members. We also used informal and formal methods of outreach; and while the remote / rural designation of much of the County limits our ability to accurately reflect all members' needs, our outreach efforts are numerous and largely successful in capturing the needs of the rural disparate population. Together, these sources represent our subjective and qualitative data.

Summary of Findings

The findings reported herein fall into two sections: health factors and health outcomes, as characterized in the Community Health Rankings reports.

Health Factors

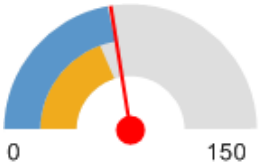
Issues identified through Visioning by the community members included basic needs, such as housing and heating assistance, food assistance, and transportation. From the most recent Survey of Needs, the most common response was economic stability (51.1%). Other needs identified by survey respondents included tobacco and substance abuse (46.6%), healthy eating (42.1%) and physical inactivity (39%).

These numbers reflect community perception.

As summarized by the 2013 Community Health Rankings (CHR), Franklin County has notable disparities in a number of health factors, especially those related to poverty (median household income, children in poverty, unemployment, lack of health insurance). Franklin County also has rates of violent crime that are above the Maine average, especially intimate partner violence. The OneMaine Community Needs Assessment 2010 data source indicated higher than average rates of suicide, motor vehicle accidents, and alcohol abuse.

In the Community Health Rankings 2013 Report, with regard to systems of clinical care, Franklin County was paradoxically noted to have an excellent population to primary care provider ratio (853:1, the second best in Maine) and a high rate of ambulatory care sensitive admissions. This category of hospitalizations represents a group of chronic diseases, such as diabetes, congestive heart failure (CHF) and chronic lung disease (COPD), for which outpatient management is preferable. The high rate in Franklin County suggests deficiencies in systems of primary care, despite the presence of an adequate work force.

Ambulatory Care Sensitive Condition Discharge Rate



Key: Franklin County, Maine Maine United States

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Franklin County, Maine	4,211	285	**67.79**
Maine	173,683	10,290	59.25
United States	56,167,590	3,737,659	66.54

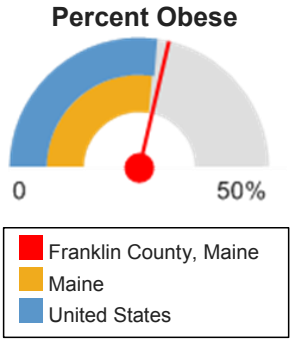
Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010. Source geography: County.

While the obesity epidemic plagues the entire nation and the state, Franklin County rates exceed both. Self-reported height and weight, used to calculate body mass indicate that 28.7% adults in Franklin County are obese. Over two-thirds (68%) are overweight or obese.

Report Area	Total Population (Age 20)	Number Obese	Percent Obese
Franklin County, Maine	22,832.75	6,553	**28.70%**
Maine	1,016,247.77	278,408	27.40%
United States	224,690,904.71	61,460,308	27.35%

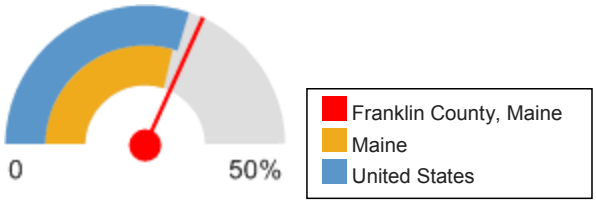
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009. Source geography: County.



Percent Adults with No Dental Exam

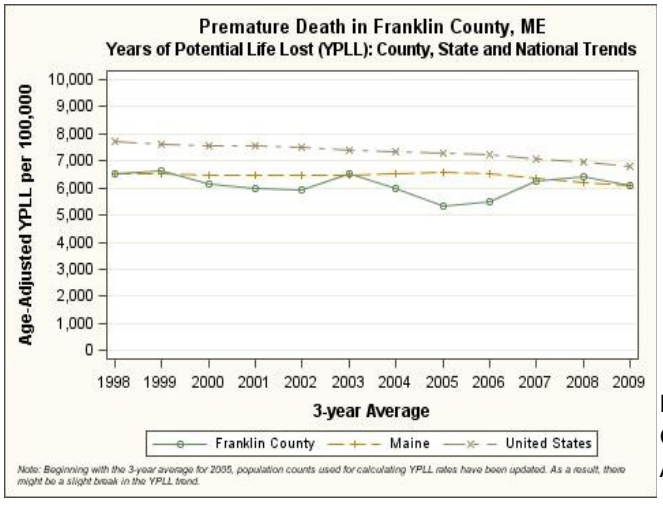
Franklin County was an outlier for dental care utilization.



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

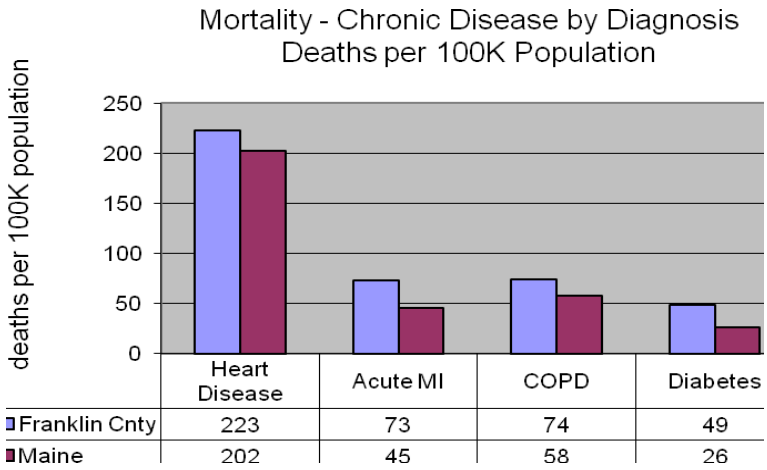
Health Outcomes

The County Health Rankings report premature mortality using the indicator “Potential Years of Life Lost Before age 75/100,000” (YPLL75). That statistic for Franklin County is 6,096 years, slightly better than the state average of 6,109, better than the US average, and significantly better than other similar poor, rural Maine counties. It is worse than the national 90th percentile benchmark of 5,317 years.



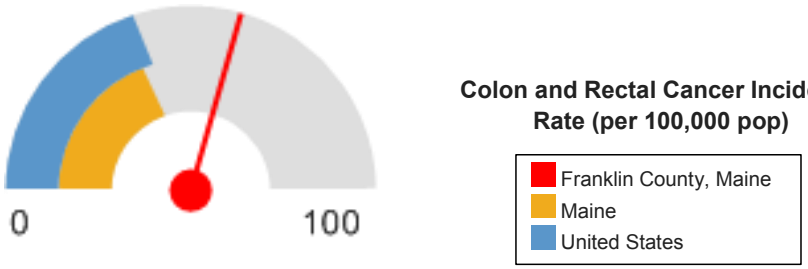
Data source: Figure extracted from the OneMaine Community Health Needs Assessment 2010

Further breakdown of mortality by specific causes was performed using detailed statewide data from the OneMaine Community Needs Assessment 2010 Report. This showed several major causes of death for which Franklin County was worse than the state average: cardiovascular disease, COPD and diabetes. Higher than average rates of ambulatory care sensitive admissions were noted for these same diagnoses, suggesting an opportunity for improved systems of chronic disease management.



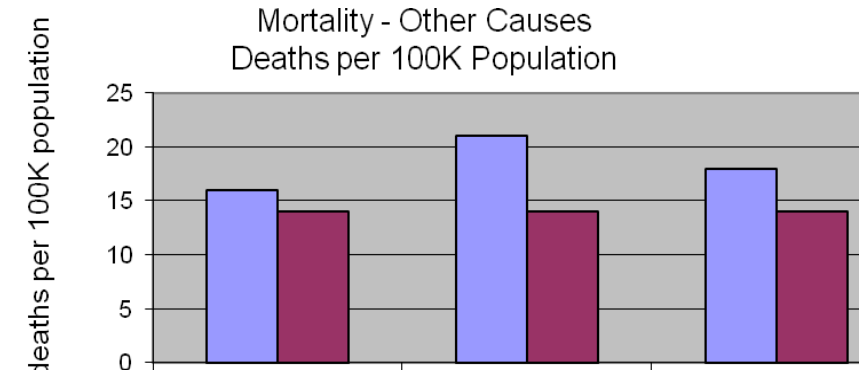
Data source: Chart extracted from the OneMaine Community Health Needs Assessment 2010.

Franklin County was also an outlier in Cancer mortality, with an overall Cancer mortality of 251/100,000, versus 234/100,000 in Maine and 190/100,000 in the US. This excess in Cancer deaths was almost entirely attributable to Colorectal Cancer and Lung Cancer, for which Franklin County has significantly higher death rates than the Maine average. Compared with other Maine counties, Franklin County has the lowest rate of screening Sigmoidoscopy or colonoscopy after age 50 and the 4th highest death rate from Colon Cancer.



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. Accessed through CDC WONDER. Source geography: County.

Other causes of death for which Franklin County has higher rates than expected include: suicide, motor vehicle accidents, and alcohol-related disease.



	Suicide	MVA	Alcohol-related
Franklin Cnty	16	21	18
Maine	14	14	14

Data source: Chart extracted from the OneMaine Community Health Needs Assessment 2010.

FCHN Priorities and Implementation Plan

To prioritize needs based on all the data sets, we performed a version of assets mapping. By weighing community input, knowledge of on-going efforts, and objective, quantitative data, we were able to prioritize the regional health needs.

From the cross-examination of data sets—both objective and subjective—we identified the following as priority concerns for FCHN and its affiliate organizations:

1. **Chronic Disease Management**
2. **Obesity**
3. **Colorectal Cancer**

We had three criteria for inclusion: Current status worse than expected, large effect on the health of the population, and feasible strategy for improvement. Two of the three priorities encompass more than one identified need. Chronic disease management covers several, including excess mortality; and obesity is linked to many physical and mental ailments. And while Colorectal Cancer is site specific, cancer prevention and early detection messages are more far-reaching.

(1) Chronic disease management: There are three major chronic diseases for which Franklin County has both high death rates and high rates of hospitalization; coronary heart disease (CHD) including myocardial infarction (MI), chronic obstructive pulmonary disease (COPD), and diabetes mellitus (DM). Successful management of these diseases results from a partnership between patients and primary care providers. Previously FCHN identified building of primary care capacity as a community priority. It has successfully accomplished this by creating the Franklin Health primary care practices, and recruiting new primary care providers to the community. FCHN now provides ongoing support to Livermore Falls Family Practice, Franklin Health Internal Medicine, Farmington Family Practice, Franklin Health Womens Care, and Franklin Health Pediatrics, with a total of 19 physicians, physician assistants and advanced registered nurse practitioners.

Strategy: To address the challenges in chronic disease management which we have identified, the next step in the evolution of the primary care network will be full implementation of the patient-centered medical home (PCMH) model. Franklin Health has committed to achieving NCQA level III certification for the internal medicine and family medicine practices over the next three years. FCHN has committed to provide financial support for this effort, in order to help bridge the gap until third party reimbursement for all elements of the medical home model are in place. Currently, FCHN provides approximately $7 million in support to the primary care practices. Full development of the medical home model without changes in the reimbursement structure will add an additional $400K to $500K over three years. Important elements of the patient-centered medical home which are already being implemented include: 1) Meaningful use of an electronic medical record (EMR) in all primary care practices. Work has also begun on more advanced use of the EMR, such as disease registries, an electronic patient portal, and health-maintenance tracking and reminder systems; 2) Care coordination - Community care teams are being developed now for the top 5% high needs patients. Post-ED and post-hospital admission nurse callbacks are now in place for all primary care patients, and have reduced both ED utilization and unnecessary re-admission to the hospital.

(2) Obesity: Franklin County has a higher rate of overweight adults (38.94%) and obese adults (28.70%) than the State and the nation. Increase in rates of obesity is the single largest contributor to the increase in health care costs nationwide. Obesity is a risk factor for a host of other health problems causing both morbidity and mortality: Heart disease, diabetes, cancers (endometrial, breast and colon), hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and

respiratory problems, osteoarthritis, and gynecological problems (abnormal menses, infertility).[1]

According to the Youth Risk Behavior Survey 2011, over 30% of youth are already overweight or obese. For children and adolescents, consequences of overweight and obesity are psychosocial too. Obese children and adolescents are targets of early and systematic social discrimination.[2] The psychological stress of social stigmatization can cause low self-esteem which, in turn, can hinder academic and social functioning, and persist into adulthood.[3]

Strategy: In addition to ongoing, grant-funded efforts of the HCC towards obesity prevention, the new initiative to address this problem will be a county-wide rollout of LetsGo 5210. LetsGo[4] is a program developed by MaineHealth and deployed in most of the counties in Maine.[4] It is a community-wide intervention targeted to school age children and their parents. The intent is to blanket a community with a consistent set of messages and visual images related to healthy behaviors. "5210" signifies a set of target behaviors: 5 fruits and vegetables/day, maximum of 2 hours of screen time, at least 1 hour of physical activity, and 0 sugary drinks. Schools, primary care offices, local media, and workplaces are all included in the effort. Resources and training are provided by MaineHealth, FCHN has committed $30,000/ year to hire a site coordinator who will work county-wide to disseminate the program. Two Franklin Health practices will participate in the first year roll-out, with the remainder to follow.

(3) Colorectal Cancer: This cancer was chosen as a priority because Franklin County has high rates of mortality and low rates of screening relative to Maine and the US. There is good evidence that increased screening is effective in reducing mortality. Furthermore, we have the internal capacity with present staff to increase the number of colonoscopies which can be done per year.

Strategy: FCHN is collaborating with the Maine Colorectal Cancer Control Program (CDC-funded) to promote screening in Franklin County. FCHN will offer colonoscopy at cost to patients referred by the screening program, to be performed by the general surgeons at Franklin Health Surgery. Approximately 500 residents turn 50 annually. An increase in colonoscopy rate from 59% to 80% would represent about 100 additional colonoscopies per year, more during the catch-up period. The message that everyone over age 50 should have screening for Colon Cancer will be reinforced by all the primary care practices in Franklin County as well as the HCC. Our target is to improve screening rates in Franklin County residents over age 50 to 80% within three years, and to see a decrease in Colon Cancer death rates within five years.

Other Community Health Needs

Dental Care

Though Franklin County is under-benchmark for the number of dentists and dental care utilization, there is a plan in place to address this need. Community Dental is the lead organization for this effort. Community Dental receives federal funding to provide access to low-income patients. FCHN has worked in partnership with Community Dental by providing office space at low cost on the main campus of the hospital. Three dentists and multiple dental assistants are now providing care. A full range of oral health care is provided at the Community Dental, including restoration (tooth fillings), crowns, full and partial dentures, oral surgery, periodontics, endodontics, pedodontics and preventive care (teeth cleanings). Patients with dental emergencies can usually be treated within 24 hours. This service has already improved access, and we expect future reports to show a lower percentage of adults without dental care.

Domestic Violence

Concerns about domestic violence were voiced by community members, and substantiated by the rates of violent crime in our County (145.2 per 100,000 versus the State rate of 120 or the national benchmark of 73). There are three organizations working to reduce the rate of domestic violence in Franklin County. FCHN works in collaboration with all three groups, who are represented in either the HCC board of directors or the Franklin Health Collaborative.

Franklin County Children's Task Force - The FCCTF is a non-profit organization committed to the prevention of child abuse and neglect through promotion of healthy child, family and community development.

Sexual Assault Victim's Emergency Services - SAVES is for crisis intervention, 24-hour hotline, support groups, community education, school based program, sexual assault response team.

Safe Voices – Community educators at Safe Voices can offer trainings in local schools on dating violence, affects of violence. They also do presentations to community businesses on domestic violence in the work place and creating a business safety plan.

Fatal Motor Vehicle Deaths

Though the County's death rate from motor vehicle crashes is high, the primary causes are beyond our means to address: icy road conditions, and wildlife (especially deer and moose). Substance abuse does not appear to be a significant contributor to this problem at this time; the Maine highway administration reports that only 6% of motor vehicle deaths in Franklin County have alcohol intoxication as a contributing cause. For the moment, this is primarily an issue for the State highway safety authorities, but we will monitor the trends, and consider intervention if the pattern changes.

Suicide

Risk factors for suicide at any age include mental illness[6] and adverse childhood experiences (such as domestic violence and sexual abuse).[7] Alcohol or opiate intoxication is present in about 50% of suicides.[8] Chronic poor health (including chronic pain) increases risk among adults [9] Among adolescents, other risk factors include parental psychiatric illness, GLBT gender identity, dysfunction in the home, and problems at school.[10] Availability of firearms is an strong environmental risk factor; more than half of suicides are accomplished using a firearm.[11] Treatment for mental illness, including mental health crisis services, has been shown to reduce suicide rates.[12] Reduction of other risk factors, such as domestic violence and substance abuse, would be expected to reduce rates as well.

FCHN supports access to mental health care through Franklin Health Behavioral Services, and is in the process of integrating behavioral health services into the primary care practices as part of the primary care medical home initiative. FCHN also supports mental health crisis services through Evergreen

Behavioral Health. Domestic violence is being addressed by multiple organizations as noted above.

Substance Abuse

The 2012 Maine State Health Assessment shows Franklin County to have lower than average rates of smoking among both teens and adults, and dramatically lower than neighboring counties. Considerable effort has been made by the HCC and others to achieve these good results. No additional efforts are contemplated at this time, but present work will continue.

Alcohol abuse is an outlier in our region and substance abuse, in general, is noted as an issue by community members. The rate of binge drinking for adults is 21.4%, much higher than Maine (14.5%) and the nation (15.1%). While the issue of alcohol abuse did not rise to priority status, it is a part of the work of the HCC and the Substance Abuse Task Force long in place in our community.

Misuse and diversion of opiate pain medication was noted as concern among primary care providers and in the community survey. There is little comparative data at this time to suggest that this problem is worse in Franklin County than elsewhere. There is a great deal of activity at the legislative level to reduce access to prescribed opiates, law enforcement has been increasingly active, and a statewide web-based prescription monitoring program is in place and widely used by ED and primary care providers to block opiate-seeking behavior. It will take some time to see how effective these measures will be. The members of the FH Primary Care Service will continue to monitor this issue.

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County Health Rankings – 2013 – Summary for Franklin County

Rankings produced by Robert Wood Johnson Foundation and University of Wisconsin

Measure	Franklin County			Comparisons		
	Rank (1-16)*	Rate	Error Margin	State of Maine	Best Maine County	National Benchmark
Health Outcomes	*8*					
Mortality: 50% weight in health outcomes ranking	*6*					
Premature Death (Years of potential life lost before age 75 per 100,000 population, 2008-2010)		6096	5054-7139	6109	4887	5317
Morbidity: 50% weight in health outcomes ranking	*10*					
Poor or Fair Health (% adults self-rating, 2005-11)		12%	10-14%	13%	10%	10%
Poor Physical Health Days (Mean number days, 2005-11)		3.5	3.1-4.0	3.6	2.9	2.6
Poor Mental Health Days (Mean number days, 2005-11)		3.6	3.1-4.2	3.6	3.3	2.3
Live Births with Low Birthweight (% <2500 grams, 2004-10)		7.3%	6.1-8.4%	6.5%	5.1%	6.0%
Health Factors	*10*					
Health Behaviors: 30% weight in health factors ranking	*6*					
Current Smokers (% adults self-reporting, 2005-11)		18%	15-20%	19%	14%	13%
Obesity (% adults report BMI >=30, 2009)		29%	26-32%	28%	22%	25%
No Leisure-Time Physical Activity (% adults report, 2009)		22%	19-25%	23%	17%	21%
Alcohol Use						
Excessive Drinking, past 30 days (% adults report, 2005-11)		17%	14-19%	17%	13%	7%
Motor Vehicle Crash Death Rate (per 100,000 pop, 2004-10)		18	13-25	13	9	10
High Risk Sexual Behavior						
Chlamydia Rate (per 100,000 pop, 2010)		137	--	195	103	92
Teen Birth Rate (per 1,000 females age 15-19, 2004-10)		19	17-22	24	16	21
Clinical Care: 20% weight in health factors ranking	*6*					
Access to Care						
Uninsured 0-64 yrs (%, 2010)‡		13%	11-15%	12%	10%	11%
Ratio of Population to Primary Care Physicians(2011-12)‡		853:1	--	952:1	656:1	1067:1
Ratio of Population to Dentists (2011-12)†		2652:1	--	1995:1	1321:1	1516:1
Quality of Care (for Medicare Enrollees, 2010)						
Preventable Hospital Stays (per 1,000 enrollees, 2010)		68	60-76	59	46	47
Diabetic Screening (% enrollees with Diabetes who had Hemoglobin A1c tested, 2010)		90%	81-99%	88%	90%	90%
Mammography (% female Medicare enrollees, 2010)		75%	65-84%	73%	78%	73%
Socio Economic Factors: 40% weight in factors ranking	*13*					
Education:						
High School Graduation (2010-2011)		81%	--	84%	86%	n/a
25-44 yr Olds with Some Post-Secondary Education ('07-11)		58%	51-64%	62%	73%	70%
Unemployment: (Age 16+, 2011)		9.4%	--	7.5%	6.0%	5.0%
Income: Children in Poverty (Age <18, 2011)		24%	18-31%	19%	14%	14%
Family & Social Support:						
Adults Reporting No Social-Emotional Support (2005-10)		19%	16-22%	17%	15%	14%
Children in Single-Parent Households (2007-11)		39%	32-46%	31%	28%	20%
Community Safety: Violent Crimes per 100,000 pop (2008-10)		130	--	120	42	66
Physical Environment: 10% weight in factors ranking	*5*					
Drinking Water Safety (FY 2012)†		6%	--	4%	0%	0%
Air Pollution – Average daily fine particulate matter (2008)†		9.0	8.9-9.1	8.8	8.5	8.8
Limited Access to Healthy Foods (% population, 2012)		1%	--	4%	1%	1%
Fast Food Restaurants (% of all restaurants, 2010)		33%	--	38%	24%	27%
Recreational Facilities with Fees (per 100,000 pop, 2010)		7	--	12	20	16

* Ranking amongst Maine counties (1 = Highest, 16 = Lowest)

*Only 10% of counties throughout the US had better rates.

‡ Measure revised for the 2013 County Health Ranking reports.

† New measure in the 2013 County Health Ranking reports.