



Maine Shared Community Health Needs Assessment (CHNA) –Aroostook District 2018
Approved by NMMC Board of Trustees 9/26/18

CHNA signatory members: Central Maine Health Care, Eastern Maine Healthcare, Maine General Healthcare, MaineHealth, and the Maine Center for Disease Control and Prevention. Major funding for the Maine Shared CHNA is provided by the partnering healthcare systems with generous in-kind support from the Maine CDC and the countless organizations who contribute to this effort.

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Contracted vendor to support this effort: John Snow, Inc. (JSI)

Maine is the only state in the nation that conducts a statewide community health needs assessment through this unique public private partnership. Public Forums were held in Aroostook County (Fort Kent, Presque Isle, & Houlton) on September 17, 2018 with 75 participants representing a broad variety of stakeholders. Comprehensive County Health Profiles were provided prior to the forums and reviewed in detail at each of the forums by John Snow, Inc. County level data was presented and compared with results from the state of Maine and the nation. Changes in prevalence, incidence and health behaviors were identified in the data to demonstrate the presence or absence of trends. Following is a summary of key data points upon which the priorities were established.

AGE:

- The county is aging. Aroostook is one of 4 counties where 21-23% of the population is over 65. In 2000, no county in Maine had more than 18% of the population over age 65.
- Approximately 20% (18.9) of Aroostook County's population is under 18, while slightly over 20% (21.3) is 65 or older.
- It's important to understand the age distribution in a community when assessing health status – for example, older individuals typically have more complex/chronic conditions and physical vulnerabilities (e.g. falls) and young people may be more apt to engage in risky behaviors (e.g., alcohol and tobacco use, unprotected sex)

RURALITY:

- Aroostook is among a handful of counties where approximately 70-85% of the population lives in a rural area.
- There are a number of risk factors associated with rural living that have an effect on one's health – geographic isolation, lower SES, higher rates of health risk behaviors, limited job opportunities, etc. Rural communities tend to have higher rates of poor overall health and chronic disease compared to urban populations

EDUCATION:

- Higher education is associated with improved health outcomes and social development at the individual and community level. The health benefits of higher education typically include better access to resources, safer and more stable housing, and better engagement with providers. Those with lower levels of education typically have more difficulty navigating the health system and are exposed to more chronic stress.

- There has been an increase in the percent of the population with an Associate's degree or higher since 2000. 28% of Aroostook residents have an Associate's degree or higher, which is lower compared to Maine's population overall (37%). However, the estimated high school graduate rate is higher in Aroostook (90%) compared to the state overall (87%)

POVERTY:

- Poverty impacts all facets of an individual's life – it may prevent someone from continuing their education, can impede access to healthy food and safe housing, and overall, makes it more difficult to maintain good health.
- In Aroostook, the % of population living in poverty has increased since the year 2000. Approximately 18% (17.7) of the population lives in poverty, compared to 14% (13.5) of Maine's population overall.
- Looking specifically at children living in poverty, Aroostook again has a percentage higher than the state – 27% (23.6) compared to 17% (17.2) for the state overall
- The median household income in Aroostook is approximately \$12,000 lower than the state (\$38K vs. 51K)

LGBT:

- Between 2011 and 2017, the percentage of high school students identifying as LGB doubled in Aroostook County
- Those that identify as LGB may face obstacles in accessing culturally competent health care services
- LGB individuals are at a higher risk of being homeless when they are young, are more likely to be harassed and discriminated against at school and in the workplace, and face disparities with respect to rates of chronic disease, substance use, mental health issues, sexual health issues, and violence
- The percentage of adults who identify as LGBTQ is 2.3%

Data related to health disparities among some populations within Maine were also considered in the analysis.

A total of 59.6% of adults with less than a high school diploma have an income of less than \$25,000, while 9.7% of adults with a bachelor's degree or higher have an income of less than \$25,000. Many indicators show better outcomes as peoples' educational level increases

YEARS PER LIFE LOST (YPLL)

- The YPLL measure is used because simple mortality rates do not fully address the issue of premature death, the impact of disease and death, and their cost to society. The YPLL increased in Aroostook between 2010-2012 and 2014-2016. Compared to Maine overall, the years of potential life in Aroostook County is significantly high.
- A high YPLL tells us that there is reason to focus attention on deaths that could have been prevented – there is reason to investigate the causes of premature death. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at 65 contributes 10 years of life lost to a County's YPLL. In other words, high rates of years of potential life lost are an indicator of people dying young.

UNEMPLOYMENT

- The unemployment rate in Aroostook County is 6%. It is one of three counties in the state with an unemployment rate between 5.2 and 6%
- Lack of gainful employment is linked to several barriers to good health – lack of health insurance and inability to pay for care, inability to pay for transportation to/from appointments, etc.

CRIME:

- Crime and violence are public health issues that impact health status on many levels – from death to injury, trauma, anxiety, isolation, and community cohesion

- From 2010-2013 and 2014-2016, the rate of violent crime in Aroostook County increased significantly from 233 per 100,000 to 350 per 100,000. Though there was a significant increase within the County, the current rate of violent crime is lower than the state rate (367)

FOOD INSECURITY: Food insecurity is the inability to access enough nutritional food and has been linked to poor health outcomes, including obesity.

- Aroostook is one of six counties in the state where over 16% of households are food insecure. Lack of physical activity, poor nutrition, and obesity are among the leading risk factors associated with chronic health issues. Adequate nutrition helps prevent disease and is essential for the healthy growth and development of children and adolescents. Being physically active reduces the risk for many chronic health conditions and is linked to good emotional health.

OBESITY:

Adults

- The percentage of adults in Aroostook that are obese is higher than the state overall. Significantly fewer adults reported that they met aerobic physical activity guidelines compared to the state overall.

High School

- The percentage of high school students in Aroostook that are obese is significantly higher than the state overall. Data around nutrition that may be having an impact on this rate. Also noted, the percentage of high school students who met physical activity recommendations decreased

SUBSTANCE ABUSE:

ADULT CURRENT SMOKING:

- Aroostook is the only county where the percent of adults who currently smoke cigarettes is significantly higher than the state

PAST 30 DAY HIGH SCHOOL:

- Over time, the percentage of high school students who reported smoking cigarettes in the past 30 days has decreased, however, the percentage in 2017 was significantly higher than the state
- The percentage of high school students who reported e-cigarette use in the past 30 days has declined between 2015 and 2017
- The percentage of high school students who reported alcohol or marijuana use in the past 30 days has declined over time. The percentage of students who reported marijuana use in the past 30 days in 2017 was significantly lower than the state
- The percentage of high school students who reported binge drinking was significantly higher than the state for 2017.
- Between 2011-2013 and 2014-2016, the percentage of adults who reported chronic heavy drinking increased from 4.7 to 5.8%

CANCER is the leading cause of death for the state and for Aroostook County.

Aroostook is one of two counties in the state where the rate of death due to all types of cancer declined between 2007-2011 and 2012-2016 – from 200 to 175. However, the County Health Profile reports notable cancer-related data points.

- The death rate due to lung cancer is significantly high in Aroostook County compared to the US (56 vs 41)
- The all-cancer incidence (478 vs. 437), bladder cancer incidence (30 vs. 20), lung cancer incidence (79 vs. 59), and prostate cancer incidence (121 vs 95) are all significantly higher in Aroostook County compared to the US

DIABETES:

- Rate of diabetes in Aroostook County is significantly higher than in the state.

ASTHMA:

- Aroostook County rates are not significantly higher for adults or children than the state, but are higher than national rates (9.3% adults) and (8.5% children)

CHOLESTEROL

- High cholesterol and high blood pressure is significantly higher in Aroostook than the state. Both of these are risk factors for a number of cardiovascular diseases and conditions, including coronary heart disease, heart attack, and stroke. On Page 20 of the County Health Profile, you will see a number of data points related to cardiovascular disease

MENTAL HEALTH: Mental health has an impact on individuals, families, and communities. Like substance use, mental health impacts all segments of the population, across demographic and socioeconomic lines.

- Aroostook is one of four counties with the highest percentage of depressed adults.
- Between 2011 and 2017, the percentage of high school students who reported being sad or hopeless for more than two weeks in a row increased 5%.
- In Aroostook County, suicide deaths per 100,000 were higher than the state (16), and were significantly higher than the US average (13.5).
- The rate of overdose deaths per 100,000 was lower in Aroostook County compared to Maine overall. It is one of the lowest overdose death rates among all counties.
- The rate of drug-affected infant reports has more than doubled from 2010 to 2017 in Aroostook County

OTHER:

- Incidence of gastro-intestinal disease, chronic Hepatitis C, and Chlamydia all increased between 2008-2012 and 2013-2017. Based on the way the rates are determined, it is uncertain at this time whether these increases are statistically significant.
- Tracking the number of patients who experience unplanned readmissions is important – it helps to understand and evaluate the quality of care being provided in the hospital. It is important to note that not all unplanned readmissions are preventable. The percentage of patients with readmissions within 30 days after having surgery decreased slightly between the two time periods, and is right on par with the state.
- Aroostook is one of two counties where the percentage of adults who reported being unable to obtain care due to costs was significantly higher than the state.

Forum participants were asked to answer the following three questions after having had time to review the County Health Profiles.

1. Based on your own knowledge and experiences, are there any major health issues that are not represented in the data?
2. Based on the data, past priorities, and your observations, what do you see as the top needs of our community?
3. What community resources are available to address these needs, and what more may be needed?

Top 4 Aroostook County Priorities	Assets Available in Community	Needed in the Community
Mental Health	<ul style="list-style-type: none"> - AMHC – available to the community - More inpatient mental health for child/adult - Fish River has outpatient services - UMFK’s bachelor’s outpatient program 	<ul style="list-style-type: none"> - Provider recruitment - Access to Care barriers, insurance coverage - BEDS, inpatient - State level - involuntary admissions, no resources - Need to end the stigma - MONEY – no funding - Need more education on mental health issues in schools - Limited kid’s services, wanted – more in-home options
Substance & Alcohol Use	<ul style="list-style-type: none"> - AMHC available to the community - Suboxone clinic in the Valley - Recovery Support groups - Fish River has an outpatient - UMFK’s bachelor’s outpatient program 	<ul style="list-style-type: none"> - Provider recruitment - Access to Care barriers, insurance coverage - BEDS, inpatient - State level - involuntary admissions, no resources - Need to end the stigma - MONEY – no funding - Need more education on mental health issues in schools - Limited kid’s services, wanted – more in-home options
Physical Activity, Nutrition & Weight	<ul style="list-style-type: none"> - Co-operative Extension Education School/In-home - 5-2-1-0 Let’s Go! - Lots of recreation around FK & St. John valley for adults and kids - Food pantries - SAD33 Backpack Program - Presque Isle School Farm - Meals on Wheels - Senior Farm Sharing 	<ul style="list-style-type: none"> - Money, there is no funding, for wellness coordinators in schools, they are trying to run programs without money - FK & St. John Valley during the winter recreation is hard if you don’t like to go outside you do not have options to stay active. - Make physical education a priority in schools again - Employee wellness programs wanted. How do we make employers want to make these programs available?
Cardiovascular Disease	<ul style="list-style-type: none"> - TAMC Cardiologists - Million Hearts Movement - More preventive care 	<ul style="list-style-type: none"> - Cardiologists - Cardiac Rehab - Services to help rehabilitate after heart issues, future care.