

## RESULTS

### Maternal and Child Health

- This category focuses on birth data and outcomes as well as mortality data for infants and children. Measures of maternal access and utilization of care is also included
- Specific indicators include:
  - Low birth weight
  - Premature births
  - Teen pregnancies
  - Infant mortality rate
  - Neonatal mortality rate

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## RESULTS

### Maternal and Child Health

Location	Percent
Saguabaw	~6.0
Midway	~7.0
Main	~6.5
U.S.	~8.0

Location	Percent
Saguabaw	~1.0
U.S.	~1.5

<sup>7</sup>Robert Wood Johnson Foundation, 2000 - 2006  
<sup>8</sup>Maine District Comparison Tables, 2005  
<sup>11</sup>Maine District Health profiles, 2006  
<sup>12</sup>NCHS, Vital Statistics Reporting System, 1999 - 2003

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## RESULTS

### Maternal and Child Health

Location	Percent of Live Births
Saguabaw	~10
U.S.	~12

Location	Percent of Live Births
Midway	~95
Main	~95
U.S.	~90

<sup>8</sup>Maine District Comparison Tables, 2005  
<sup>11</sup>Maine District Health Profiles, 2006  
<sup>12</sup>NCHS, Vital Statistics Reporting System, 1999 - 2003

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## RESULTS

### Maternal and Child Health

Location	Percent of Live Births
Saguabaw	~30
U.S.	~35

<sup>12</sup>NCHS, Vital Statistics Reporting System, 1999 - 2003

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## RESULTS

### Maternal and Child Health

Location	Deaths/1,000 Live Births
Saguabaw	~1.5
Midway	~5.5
Main	~5.5
U.S.	~7.0

Location	Deaths/1,000 Live Births
Saguabaw	~1.0
U.S.	~5.0

<sup>11</sup>Maine District Health Profiles, 2001 - 2005  
<sup>12</sup>NCHS, Vital Statistics Reporting System, 1999 - 2003

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## RESULTS

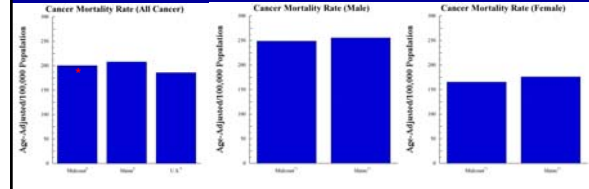
### Death, Illness, and Injury

- Health status is measured via morbidity (rates of incidence and prevalence of disease) and mortality (rates of death within a population)
- Cancers analyzed include:
  - Lung and Colorectal
  - Male Prostate and Female Breast
- Other data analyzed include:
  - Stroke, diabetes, hypertension, high cholesterol
  - Asthma and chronic lung disease
  - Falls, motor vehicle accidents, rapes

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## RESULTS

### Mortality



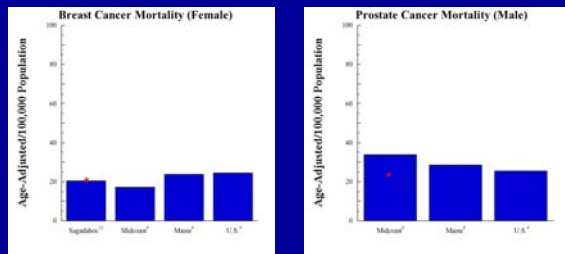
<sup>8</sup>Maine District Comparison Tables, 2000 - 2004

<sup>11</sup>Maine District Health Profiles, 2000 - 2004

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## RESULTS

### Mortality



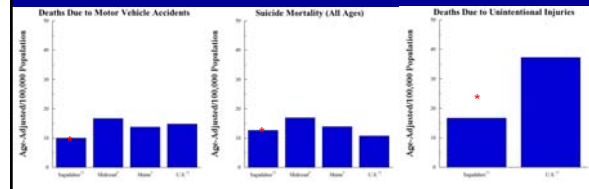
<sup>8</sup>Maine District Comparison Tables, 2000 - 2004

<sup>12</sup>NCHS. Vital Statistics Reporting System, 1999 - 2003

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## RESULTS

### Mortality



<sup>8</sup>Maine District Comparison Tables, 2001 - 2005

<sup>12</sup>NCHS. Vital Statistics Reporting System, 1999 - 2003

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## RESULTS

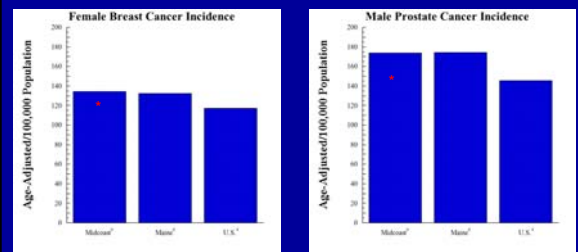
### Mortality

- The Midcoast District has lower mortality rates for COPD, diabetes, and major cardiovascular disease compared with the State of Maine
- Sagadahoc County has a lower coronary heart disease mortality rate (146.1) compared with the State of Maine (177.8) and the U.S. (172.0)
- **Sagadahoc County has a higher stroke mortality rate (63.2) compared with the State of Maine (55.5) and the U.S. (53.0)**

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## RESULTS

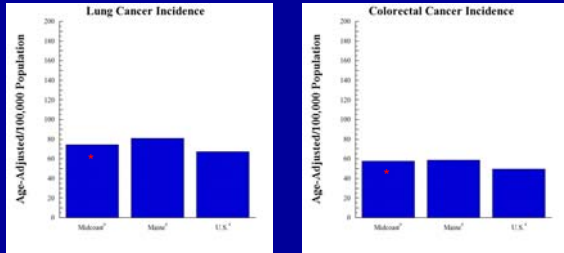
### Morbidity



<sup>8</sup>Maine District Comparison Tables, 2000 - 2004

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## RESULTS Morbidity



<sup>8</sup>Maine District Comparison Tables, 2000 - 2004

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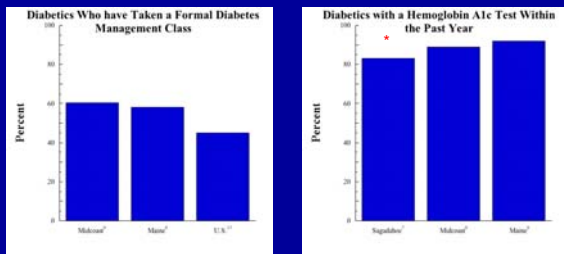
## RESULTS Morbidity

INDICATOR	MEASURE	MIDCOAST	MAINE	U.S.
Hypertension Prevalence Among Adults	Percentage	25.5 <sup>9</sup>	25.4 <sup>9</sup>	25.5 <sup>9</sup>
High Cholesterol Prevalence Among Adults	Percentage	36.5 <sup>9</sup>	36.4 <sup>9</sup>	35.6 <sup>9</sup>
Diabetes (non-gestational) Prevalence Among Adults	Percentage	6.7 <sup>9</sup>	7.3 <sup>9</sup>	7.5 <sup>9</sup>

<sup>9</sup>BRFSS, 2005

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## RESULTS Morbidity



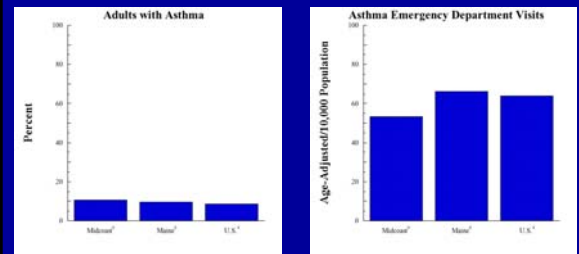
<sup>7</sup>Robert Wood Johnson Foundation, 2003 - 2006

<sup>8</sup>Maine District Comparison Tables, 2004 - 2006

<sup>12</sup>Healthy Maine 2010, 1998 - 2000

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## RESULTS Morbidity



<sup>8</sup>Maine District Comparison Tables, 2004 - 2006

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## RESULTS Morbidity

- The Midcoast District (134.6) and State of Maine (132.5) have a higher incidence of female breast cancer compared to the U.S. (117.4)
- The Midcoast District (173.6) and State of Maine (174.5) have a higher incidence of male prostate cancer compared to the U.S. (145.3)
- The Midcoast District (74.2) and State of Maine (80.6) have a higher incidence of lung cancer compared to the U.S. (67.4)
- The Midcoast District (57.7) and State of Maine (58.4) have a higher incidence of colorectal cancer compared to the U.S. (49.5)

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## RESULTS

### Communicable Disease

- Measures within this category include diseases, which are usually transmitted through person-to-person contact or by shared use of contaminated materials
- Many of these diseases can be prevented through vaccine coverage of vulnerable populations or through use of protective measures
- It also includes data on pneumococcal and influenza vaccination in the elderly population

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## RESULTS

### Communicable Disease

**Pneumococcal Vaccine Ever Had (Age>64)**

**Influenza Vaccine in Past 12 Months (Age>64)**

\*BRFSS, 2006

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## RESULTS

### Communicable Disease

INDICATOR	MEASURE	MIDCOAST	MAINE
Gonorrhea Incidence	Cases per 100,000 Population	9.2 <sup>11</sup>	10.4 <sup>11</sup>
Chlamydia Incidence	Cases per 100,000 Population	140 <sup>7</sup>	192 <sup>7</sup>
Chronic Hepatitis C Incidence	Cases per 100,000 Population	82.3 <sup>11</sup>	104.6 <sup>11</sup>
Tuberculosis Incidence	Cases per 100,000 Population	0.4 <sup>11</sup>	1.2 <sup>11</sup>
Lyme Disease Incidence	Cases per 100,000 Population	37.5 <sup>11</sup>	25.6 <sup>11</sup>
Salmonella Incidence	Cases per 100,000 Population	9.2 <sup>11</sup>	12.2 <sup>11</sup>

<sup>7</sup>Robert Wood Johnson Foundation, 2006

<sup>11</sup>Maine District Health Profiles, 2006

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## CONCLUSIONS

- Sagadahoc County has a diverse population that includes:
  - A large proportion of elderly residents
  - Community members that identify as Black and Hispanic/Latino
- Sagadahoc County has a large population density
- Sagadahoc County benefits from socioeconomic stability
  - Low unemployment rate
  - Few adults and children living in poverty
  - Small number of single-parent households
  - Low violent crime rate
- Sagadahoc County has many disabled adult residents

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## CONCLUSIONS

- The community has limited health resource availability and utilization
  - Large number of uninsured adults
  - High population-to-physician ratio with few licensed primary care providers
  - Low rate of available emergency department beds
- Sagadahoc County inadequately screens for early-detected, preventable cancers
  - Colonoscopy screening
  - Mammogram screening
  - Pap smears
- There is a high rate of high school binge drinking and alcohol use
- Similar rates of tobacco use, obesity, and exercise compared with Maine

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## CONCLUSIONS

- There are significant environmental health risks in the community:
  - Few children screened for lead poisoning
  - High blood lead levels in screened children
  - Few homes tested for radon gas and wells tested for arsenic
  - Few homes with carbon monoxide detectors
- Sagadahoc County has excellent maternal and child health
  - Low rate of low birth weight
  - Few premature births
  - Low infant and neonatal mortality rate
  - Substantial first trimester prenatal care
  - Few infants born to unmarried mothers
  - Low teen pregnancy rate

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## CONCLUSIONS

- The community has a similar cancer incidence to the State of Maine
  - High rate of female breast cancer
  - High rate of male prostate cancer
  - High rate of lung cancer
  - High rate of colorectal cancer
- There is a high prevalence of asthma, but few emergency department visits due to asthma
- Sagadahoc County has similar rates of diabetes compared with Maine
  - More diabetics receiving a formal diabetes management class
  - Fewer diabetics with Hemoglobin A1c Testing

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## CONCLUSIONS

- Sagadahoc County has a similar (high) overall cancer mortality rate compared with Maine
  - High male prostate cancer mortality
  - High lung cancer mortality
- Low mortality rates for other causes of death compared with Maine:
  - COPD
  - Diabetes
  - Coronary Heart Disease
  - Motor Vehicle Accidents
  - Suicide

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## CONCLUSIONS

- Low pneumococcal vaccination rate in the elderly
- Similar seasonal influenza vaccination rate compared with Maine
- The community has a low incidence of communicable diseases:
  - Chlamydia
  - Chronic hepatitis C
  - Tuberculosis
  - Salmonella
- The community has a high incidence of Lyme Disease

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## Recommendations for Intervention

- The following recommendations for public health intervention are based on the following:
  - The Vision
  - Community Themes and Strengths Assessment
  - Local Public Health Systems Assessment
  - Priority and Feasibility
  - Healthy Maine 2010 Goals and Objectives

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## Recommendations for Intervention

1. Empower health care professionals and educate the community on the importance of screening for early-detected and preventable cancers
  - (CDC) Colorectal cancer screening between the ages of 50 and 75
    - High-sensitivity fecal occult blood test every year
    - Flexible Sigmoidoscopy every five years and Colonoscopy every ten years
  - (ACOG) Pap Smear for cervical cancer screening beginning at age 21
    - Pap smear every 2 years for women in their 20s
    - Pap smear every 3 years for women age 30 and older who have had three consecutive normal Pap smears
    - Women who have had a hysterectomy for non-cancerous reasons do not need a Pap smear unless they have a cervix
  - (ACS) Annual PSA and digital rectal exam for prostate cancer screening in men over the age of 50?

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## Recommendations for Intervention

2. Enable our youth through education and enforcement to chose healthy lifestyle behaviors since these decisions begin in adolescence and last into adulthood
  - Tobacco use prevention
  - Adequate exercise facilities and capabilities
  - Healthy eating (five servings of fruits/vegetables daily)
  - High school alcohol use ad binge drinking

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## Recommendations for Intervention

3. Increase preventive measures aimed at promoting a safe and healthy physical environment
  - Increase lead poisoning screening in children
  - Target interventions aimed at decreasing lead exposure in children
  - Make testing more readily available and affordable for home owners
    - Wells tested for arsenic toxicity
    - Homes tested for radon gas exposure
  - Promote the use of carbon monoxide detectors
  - Encourage practices to promote the prevention of Lyme Disease

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## Recommendations for Intervention

4. Promote and ensure regular vaccinations in our elderly population
  - Seasonal influenza vaccination for all persons over 50 years of age
  - One-time pneumococcal vaccination for all persons over 64 years of age

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## Recommendations for Intervention

5. Improve access to affordable, quality health care that focuses on prevention
  - Significant elderly population
  - High percentage of disabled residents
  - Large number of adults without health insurance
  - High population-to-physician ratio
  - Low rate of primary care providers

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## Recommendations for Intervention

6. Continue to promote interventions in areas of our greatest success:
  1. Socioeconomic stability
  2. Maternal and child health
  3. Communicable disease

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## Recommendations for Intervention

7. Enhance our resources and improve research capabilities for future data collection and community health status assessments
  1. Hospital admission data for essential indicators
  2. Identify comparable counties in Maine and New England
  3. Create a county-specific survey for desired indicators
  4. Establish a means to monitor indicators over time and provide data for core indicators not analyzed or available for this assessment (see final report for gaps in data)

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