

Maine Rural Health Profiles



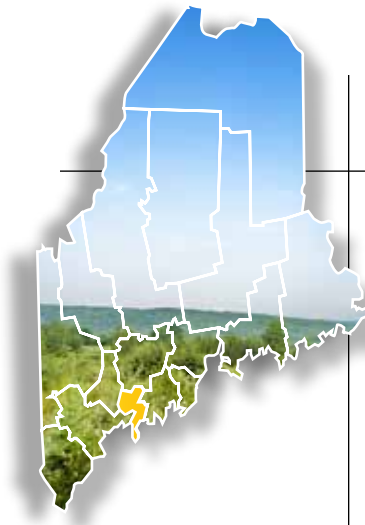
SAGADAHOC COUNTY

**Muskie School of Public Service
Maine Rural Health Research Center**

SEPTEMBER 2016

MEHAF
MAINE HEALTH ACCESS FOUNDATION

 **UNIVERSITY OF
SOUTHERN MAINE**
Muskie School of Public Service



A Statewide View of Rural Health Maine Rural Health Profiles

SEPTEMBER 2016

Prepared by the Maine Rural Health Research Center for
the Maine Health Access Foundation

Sara Kahn-Troster, MPH
Amanda Burgess, MPPM
Andrew Coburn, PhD
Ryan Wallace, MRP¹
Zachariah Croll, BA
Rachel Gallo, MPH

¹Maine Center for Business and Economic Research, Muskie School of
Public Service, University of Southern Maine, Portland, ME

Report Design: Christine Richards, Composition1206 LLC

When referencing or using any of the tables, maps, or other materials in
the *Maine Rural Health Profiles*, please use the following recommended
citation:

Kahn-Troster S, Burgess A, Coburn A, et al. *Maine Rural Health Profiles*.
Portland, ME: University of Southern Maine, Muskie School of Public
Service, Maine Rural Health Research Center; September 2016.

Acknowledgments: The authors thank Vinton Valentine, PhD, the
Director of the Geographic Information Systems program at the
University of Southern Maine, for his work developing the maps included
in the *Maine Rural Health Profiles*.

RURAL HEALTH PROFILE

Sagadahoc County

Fast Facts:

Geography and Demographics

- Although an urban county, nearly 2/3 of the county's residents live in rural areas
- Second lowest unemployment rate in the state

Health Status

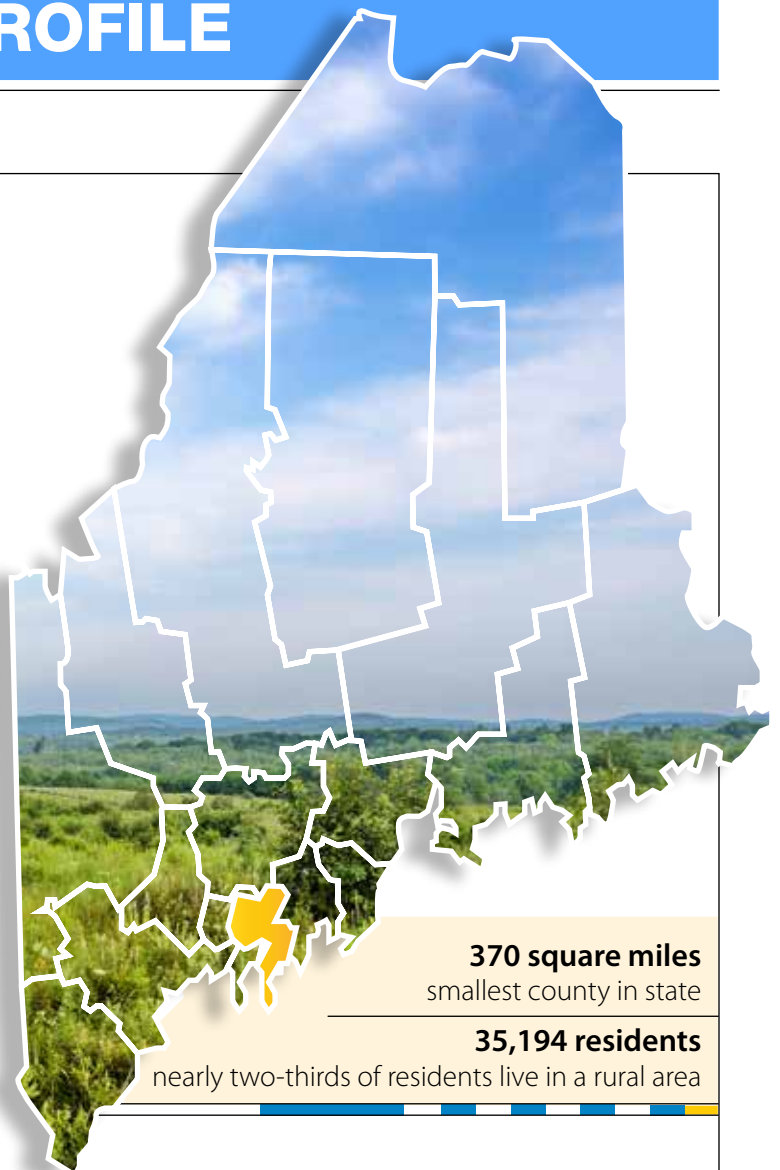
- Higher than average levels of students who report feeling sad/hopeless or have seriously considered suicide
- Based on the *County Health Rankings*, Sagadahoc County ranks in the top 1/3 of Maine's counties on most measures (e.g., health outcomes, social and economic factors, clinical care)

Health Resources

- Lowest per capita supply of nursing home beds among residents 65 and older in the state
- Only county in the state without a hospital

Access and Insurance

- Lowest percentage of residents who were unable to access care due to cost
- Highest percentage of residents with health insurance in state



370 square miles
smallest county in state

35,194 residents
nearly two-thirds of residents live in a rural area

Health Care Economy

- The health care sector is not a significant source of employment
- Health care workers are paid annual wages 35 percent lower than the average wage for all employment in Sagadahoc County

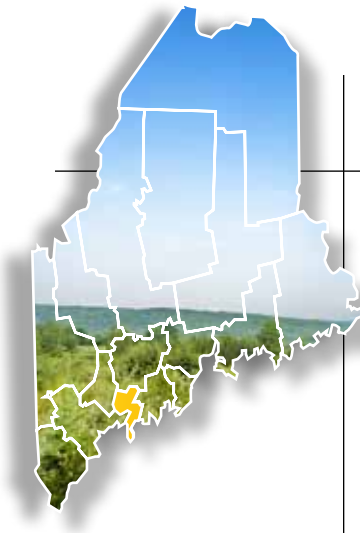


TABLE OF CONTENTS

INTRODUCTION 5

GEOGRAPHY AND DEMOGRAPHICS..... 6

HEALTH STATUS..... 8

HEALTH RESOURCES

 Acute and Outpatient Care..... 10

 Primary Care 11

 Behavioral Health: Mental Health and Substance Use Disorder Services 12

 Workforce 13

 Long-term Services and Supports..... 14

 Public Health..... 15

ACCESS AND INSURANCE

 Health Care Access 16

 Insurance Coverage 17

HEALTH CARE ECONOMY..... 18

APPENDIX A: Ambulatory Surgical Centers and End-Stage Renal Disease Facilities 19

APPENDIX B: Patient Centered Medical Homes, Health Homes, Behavioral Health Homes, and Community Care Teams.....20

APPENDIX C: Federally Qualified Health Center Sites.....21

APPENDIX D: Mental Health Services, Substance Abuse Services, Methadone Clinics, and Buprenorphine Providers22

APPENDIX E: Nursing Facilities.....23

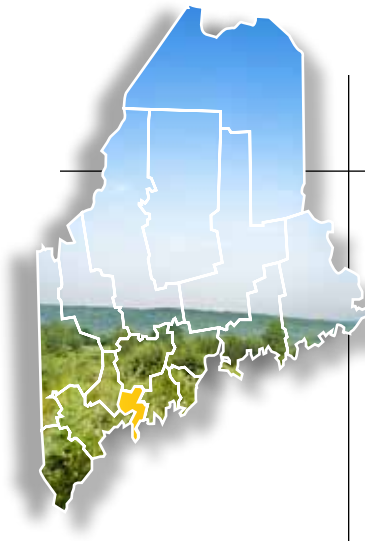
APPENDIX F: Residential Care Facilities24

APPENDIX G: Assisted Living Facilities25

APPENDIX H: Alzheimer’s Care Facilities.....26

APPENDIX I: Data Sources27

APPENDIX J: Glossary.....36

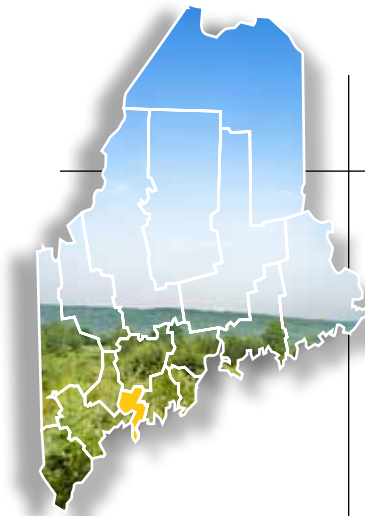


INTRODUCTION

This profile provides a snapshot of the state of health and the health system in Sagadahoc County. The profile is intended to inform and promote local discussions and strategic planning for transforming health and health care in communities. Rapid changes in health care payment and delivery systems are driving health care providers, payers, and other stakeholders to consider how the current delivery system might evolve. This is especially true in rural communities where the historical vulnerabilities of small populations, the lack of scale in the health infrastructure, and remote location are creating pressures on health care providers and communities to reimagine strategies for sustaining—or evolving to—a high performance rural health system.

This profile presents a summary look at the health status of Sagadahoc County's residents, its health system, health system resources (such as workforce and facilities for health services provision), health care economy, and access to care. By design, this profile focuses on health care delivery sites, with special attention to hospital-based resources, and long-term services and supports. Many indicators are compared to the state as a whole. Maps showing the distribution of health service delivery sites within the county are included as appendices (pages 19-26).

This profile was developed using secondary data—combining federal and state licensure and provider information with resources such as the *Maine Shared Health Needs Assessment & Planning Process (SHNAPP) Project* reports and the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation's *County Health Rankings*. Data sources are listed and described in Appendix I. Funding for this project was provided by the Maine Health Access Foundation.



KEY FACTS

Although an urban county, nearly 2/3 of the county's residents live in rural areas

Second lowest unemployment rate in the state

Smallest percentage of residents aged 65 and over living in poverty

Third highest median household income in the state

High educational attainment relative to the state average

GEOGRAPHY AND DEMOGRAPHICS

Sagadahoc County is the gateway to Maine's MidCoast region. It is the smallest county in Maine by area, only 370 square miles. Although the county is classified as urban because of its adjacency to the Portland area, the U.S. Census counts nearly two-thirds of Sagadahoc County's 35,194 residents as living in a rural area, about the same as the state average (Table 1).¹ Nearly half of Sagadahoc County's residents live in the communities of Topsham and Bath.

Sagadahoc County's population is 96.3 percent white, 0.7 percent black, and 3.1 percent other.²

Sagadahoc County is among the more prosperous counties in Maine. The median household income in Sagadahoc County (\$56,733) is the third highest in the state, behind Cumberland and York counties. Sagadahoc County's unemployment rate (3.5 percent) is the second lowest in the state, behind Cumberland County. Of all Maine's counties, Sagadahoc County has the smallest proportion of residents aged 65 and over living in poverty (4.9 percent). Sagadahoc County ranks third (behind York and Knox counties) for the smallest proportion of residents living below 100 percent of the federal poverty level (11.1 percent).

With regard to educational attainment, Sagadahoc County has the second lowest percentage of residents aged 25 and over who have not obtained a high school degree (6.5 percent), behind Cumberland County. Nearly a third of residents (32.4 percent) have a bachelor's degree or higher.

¹There are multiple definitions of **rural**. The U.S. Census Bureau's urban-rural classification of counties identifies two types of **urban** areas: Urbanized Areas of 50,000 or more people and Urban Clusters of at least 2,500 and less than 50,000 people. "**Rural**" areas in this scheme encompass all population, housing, and territory not included within an urban area. **Population density** is also a common measure used to delineate rural and urban areas, especially when measuring highly rural areas (such as "frontier" areas). Yet another classification scheme is the Office of Management and Budget's **Rural-Urban Continuum Codes** (RUCCs). They distinguish metropolitan (metro) counties by the population size of their metro area, and nonmetropolitan (nonmetro) counties by degree of urbanization and adjacency to metro areas. Two of the nine categories for counties are considered completely rural.

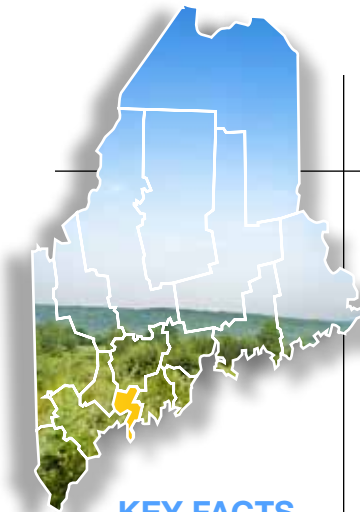
²Persons identifying as AI/AN, Asian, two or more races, and other are shown in the "Other" category in Table 1.

Table 1: Sagadahoc County | Socio-demographic and Economic Characteristics

SOCIO-DEMOGRAPHIC AND ECONOMIC CHARACTERISTICS	SAGADAHOC COUNTY		STATE		Relative difference ¹
	Number	Percent	Number	Percent	
POPULATION					
Total population	35,194		1,328,320		
Persons per square mile	138.7		43.1		
% living in rural areas	21,708	61.7	814,819	61.3	+0.6
Under 20	7,932	22.5	305,325	23.0	-1.9
20-64	21,243	60.4	803,374	60.5	-0.2
65 and older	6,019	17.1	219,621	16.5	+3.4
Living with a disability	5,311	15.1	205,251	15.5	-2.3
RACE					
White	33,875	96.3	1,264,047	95.2	+1.1
Black	239	0.7	14,637	1.1	-38.4
Other	1,080	3.1	49,636	3.7	-16.2
POPULATION ESTIMATES: 2032					
Total projected population	34,066		1,300,166		
Projected 65 and older	10,304	30.2	354,718	27.3	+10.9
Projected 85 and older	1,465	4.3	44,883	3.5	+24.6
ECONOMIC DEMOGRAPHICS					
Median household income	\$56,733		\$48,453		+17.1
Individuals living below 150% Federal Poverty Level (FPL)	6,839	19.6	302,733	23.4	-16.4
Individuals living below 100% FPL	3,888	11.1	175,624	13.6	-18.0
Under 18 living below 100% FPL	1,227	17.2	48,741	18.5	-6.9
65+ living in poverty	286	4.9	18,434	8.7	-43.9
Population Aged 25+	25,376	72.7	931,969	72.1	+0.8
Less than high school	1,647	6.5	81,217	8.7	-25.5
High school graduate	8,045	31.7	314,565	33.8	-6.1
Some college, or Associate's degree	7,464	29.4	273,624	29.4	+0.2
Bachelor's degree+	8,220	32.4	262,563	28.2	+15.0
Unemployment rate		3.5		4.4	-20.5

See Appendix I for a breakdown of data sources.

¹The relative difference column presents the percent change between the percent values for the county and the state. The purpose of this column is to highlight where there are differences between the county and the state and does not signify statistical significance.



KEY FACTS

Sagadahoc County's health challenges include:

Higher than average levels of students who report feeling sad/hopeless or have seriously considered suicide

Higher than average mortality due to stroke

Sagadahoc's County's health advantages include:

Lower than average cancer incidence

Lower levels of diabetes related mortality compared to statewide average

Based on the *County Health Rankings*, Sagadahoc County ranks in the top 1/3 of Maine's counties on most measures (e.g., health outcomes, social and economic factors, clinical care)

HEALTH STATUS

We assessed county-level health status using two recent sources: the 2016 *County Health Rankings* and the 2015 *SHNAPP Project*. The *SHNAPP Project* has compiled population health assessment data to support a collaborative, statewide community health needs assessment process led by the Maine Center for Disease Control and Prevention and the state's four largest health systems.³ *County Health Rankings*, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, uses national data to rank the health of each county relative to others in each state, using a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play.

Sagadahoc County's residents enjoy relatively good health compared to their peers across the state (Table 2). Positive health indicators include lower than average cancer incidence compared to the rest of the state, lower levels of diabetes-related mortality, and lower rates of emergency department visits for asthma, pneumonia, and ambulatory care sensitive conditions. The county's health challenges include higher than average mortality due to stroke and a higher rate of diabetes hospitalizations. Several negative indicators relate to high school students in Sagadahoc County, including a higher than average percentage of students who report feeling sad or hopeless for two weeks in a row or have seriously considered suicide. There are also higher than average levels of students who report current tobacco use and past-30-day use of alcohol and nonmedical use of prescription drugs.

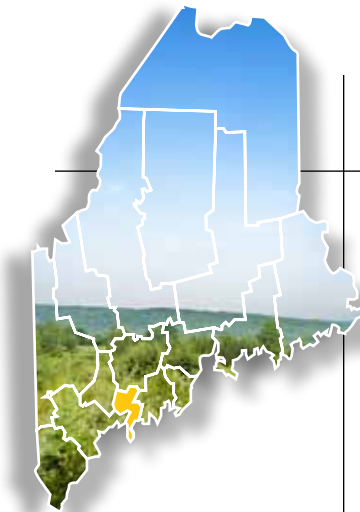
The *County Health Rankings* place Sagadahoc County first among Maine's 16 counties for **Health Outcomes**, noting factors such as lower than average rates of premature death, infants born at low birthweights, and residents reporting poor or fair health. Sagadahoc County ranks second for **Health Factors** that influence the population's health. Within Health Factors, the report ranks Sagadahoc County fifth for *health behaviors* due to lower than average levels of adult smoking and obesity, and greater access to exercise opportunities. Sagadahoc County ranks fourth for *clinical care*, reflecting better access to dentists and lower than average levels of preventable hospital stays. Sagadahoc County ranks second for *social and economic factors*, citing lower than average unemployment and income inequality, and lower levels of violent crimes and injury-related deaths. Sagadahoc County ranks ninth for *physical environment*, reflecting reports of drinking water violations and concern about residents having long solo commutes.

³All *SHNAPP Project* indicators referenced in this text and included in Table 2 are statistically significant based on a 95 percent confidence level. This means that the county is significantly better or worse than the state average on all *SHNAPP Project* indicators included in this report.

Table 2: Sagadahoc County | Health Status

HEALTH STATUS INDICATORS RELATIVE TO STATE AVERAGE	
<p>(▲ ▼) Red arrows indicate poor health status. The direction of the arrow indicates if the indicator is lower or higher than the state average.</p> <ul style="list-style-type: none"> ▲ Hypertension prevalence ▲ Stroke mortality per 100,000 population ▲ Diabetes hospitalizations (principal diagnosis) per 10,000 population ▲ Diabetes long-term complication hospitalizations ▲ Traumatic brain injury related emergency department visits (all intents) per 10,000 ▲ Sad/hopeless for two weeks in a row (high school students) ▲ Seriously considered suicide (high school students) ▲ Overweight (high school students) ▲ Past-30-day alcohol use (high school students) ▲ Past-30-day nonmedical use of prescription drugs (high school students) ▲ Current tobacco use (high school students) ▼ Lead screening among children age 12-23 months ▼ Lead screening among children age 24-35 months 	<p>(▲ ▼) Green arrows indicate positive health status. The direction of the arrow indicates if the indicator is lower or higher than the state average.</p> <ul style="list-style-type: none"> ▲ Median household income ▲ Fruit and vegetable consumption (high school students) ▼ Individuals living in poverty ▼ Percent uninsured ▼ Ambulatory care sensitive condition emergency department rate per 100,000 population ▼ Asthma emergency department visits per 10,000 population ▼ Pneumonia emergency department rate per 10,000 population ▼ Pneumonia hospitalizations per 100,000 population ▼ Incidence—all cancers per 100,000 population ▼ Lung cancer incidence per 100,000 population ▼ Heart failure hospitalizations per 10,000 population ▼ Diabetes mortality (underlying cause) per 100,000 population ▼ Children with unconfirmed elevated blood lead levels (% among those screened) ▼ Substance-abuse hospital admissions per 100,000 population <div style="background-color: #0070C0; color: white; text-align: center; padding: 5px; margin-top: 10px;"> COUNTY HEALTH RANKINGS </div> <ul style="list-style-type: none"> ▲ Health outcomes (rank: 1/16) ▲ Length of life (rank: 1/16) ▲ Quality of life (rank: 3/16) ▲ Health factors (rank: 2/16) ▲ Health behaviors (rank: 5/16) ▲ Clinical care (rank: 4/16) ▲ Social and economic factors (rank: 2/16) ▼ Physical environment (rank: 9/16)

Source: Maine Shared Health Needs Assessment & Planning Process Project (2015), and County Health Rankings (2016).
See Appendix I for additional information.



KEY FACTS

Lowest per capita supply of nursing home beds among residents 65 and older in the state

Fewer physicians per capita than the statewide average

Only county in the state without a hospital

HEALTH RESOURCES

Acute and outpatient care

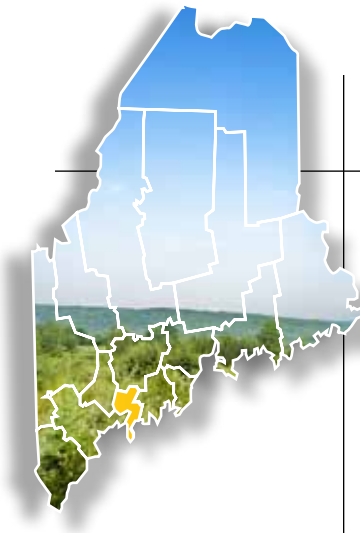
Sagadahoc County is the only county in Maine without a hospital (Table 3). Residents access hospitals in the surrounding counties, including Mid Coast Hospital in Brunswick (Cumberland County), the LincolnHealth – Miles Campus in Damariscotta (Lincoln County), and MaineGeneral Medical Center in Augusta (Kennebec County). There are no Veterans Affairs (VA) sites or ambulatory surgery centers in Sagadahoc County. There is one end-stage renal disease (ESRD) facility, located in Bath. See Appendix A (page 19) for a map of ambulatory sites and services in Sagadahoc County and the state.

Emergency medical services in Sagadahoc County include six ground transportation companies, licensed to bring patients from the site of an emergency to the hospital, and three non-transporting companies, licensed to treat patients at the site of an emergency until a transporting company arrives.

Table 3: Sagadahoc County | Acute and Outpatient Care

	SAGADAHOC COUNTY		STATE	
ACUTE AND OUTPATIENT CARE	Number of sites	Beds per 1,000 population	Number of sites	Beds per 1,000 population
Hospitals (all)	0	0	39	3.0
Critical Access Hospitals	0	0	16	0.3
ACUTE AND OUTPATIENT CARE	Number of sites	Sites per 10,000 population	Number of sites	Sites per 10,000 population
VA Facilities (other than hospital)	0	0	16	0.1
ESRD Facilities	1	0.3	17	0.1
Ambulatory Surgery Centers	0	0	16	0.1
Emergency Medical Services	9	2.6	271	2.0

See Appendix I for a breakdown of data sources.



HEALTH RESOURCES

Primary care

Sagadahoc County is home to seven primary care practices (Table 4), of which two are designated as patient-centered medical homes and two are designated as health homes. One of the primary care practices, the Richmond Area Health Center, is a federally qualified health center. There is one school-based health center, in Topsham, and one safety net dental clinic in Bath. Sagadahoc County has no rural health clinics or behavioral health homes. Community care teams serving Sagadahoc County are not located in the county. Maps showing the locations of specific types of primary care practices are provided as Appendices B and C (pages 20 and 21, respectively).

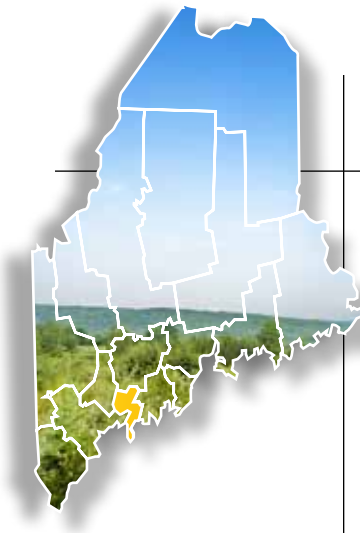
Table 4: Sagadahoc County | Primary Care Practices and Sites

PRIMARY CARE PRACTICES AND SITES	SAGADAHOC COUNTY		STATE	
	Number of sites	Sites per 10,000 population	Number of sites	Sites per 10,000 population
Primary Care Practices ¹	7	2.0	463	3.5
• Patient-Centered Medical Homes	2	0.6	70	0.5
• Health Homes	2	0.6	110	0.8
• Federally Qualified Health Center Sites	1	0.3	81	0.6
• Rural Health Clinics	0	0.0	40	0.3
Behavioral Health Homes	0	0.0	51	0.4
Community Care Teams	0	0.0	9	0.1
School-Based Health Centers ²	1	1.3	16	0.1
Safety Net Dental Clinics	1	0.3	30	0.2

See Appendix I for a breakdown of data sources.

¹Primary care practice data was provided by the Maine Health Management Coalition.

²School-Based Health Center sites per 10,000 population is calculated per 10,000 population under 20.



HEALTH RESOURCES

Behavioral health: Mental health and substance use disorder services

Sagadahoc County has one mental health treatment facility, which is also one of only two substance abuse treatment facilities; they are both located in Bath (Table 5). There are no methadone clinics or buprenorphine providers and, as noted above, there are no behavioral health homes. See Appendix D (page 22) for a map showing locations of mental health treatment facilities, substance abuse facilities, methadone clinics, and buprenorphine providers in Sagadahoc County and the state.

Table 5: Sagadahoc County | Behavioral Health

	SAGADAHOC COUNTY		STATE	
BEHAVIORAL HEALTH				
Mental Health and Substance Use Disorder Services	Number of sites	Sites per 10,000 population	Number of sites	Sites per 10,000 population
MENTAL HEALTH AND SUBSTANCE ABUSE FACILITIES				
Mental Health Treatment Facilities	1	0.3	181	1.4
Substance Abuse Treatment Facilities	2	0.6	205	1.5
MEDICATION-ASSISTED TREATMENT				
Methadone Clinics	0	0.0	11	0.1
Buprenorphine Providers ¹	0	0.0	142	1.1

See Appendix I for a breakdown of data sources. The SAMHSA definition of treatment facilities can be found at: <https://findtreatment.samhsa.gov/locator/about>. It does not include mental health professionals in private practice (individual) or in a small group practice unless they are licensed or certified as a mental health clinic or (community) mental health center.

¹Buprenorphine providers includes all physicians authorized to treat opioid dependency with buprenorphine. The actual number of physicians providing medication-assisted treatment is unknown.

HEALTH RESOURCES

Workforce

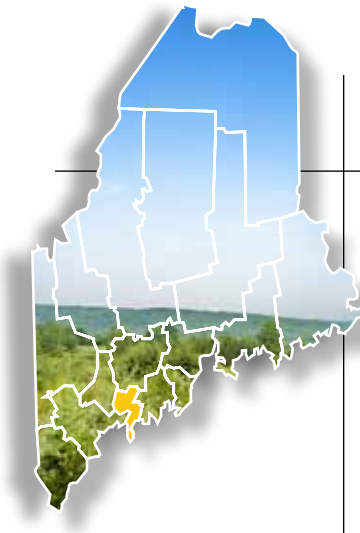
Sagadahoc County is home to fewer physicians (including primary care physicians, psychiatrists, and general surgeons) and other primary care providers per capita than the state average (Table 6). This reflects the fact that Sagadahoc County residents access hospital and specialty services in other counties. There are more dentists and licensed pharmacists per capita than the state average. The number of dental hygienists and psychologists per capita matches the state average.

Table 6: Sagadahoc County | Health Workforce

HEALTH CARE WORKFORCE	SAGADAHOC COUNTY		STATE	
	Number	Per 1,000 population	Number	Per 1,000 population
Physicians, total professionally active	52	1.5	4,553	3.4
• Practicing primary care physicians	24	0.7	1,601	1.2
• Psychiatrists	4	0.1	201	0.2
• General surgeons	1	0.0	214	0.2
Nurse practitioners	7	0.2	1,103	0.8
Physician assistants	2	0.1	723	0.5
Registered nurses	50	1.4	14,460	10.9
Dentists, total professionally active	21	0.6	696	0.5
Dental hygienists	30	0.9	1,170	0.9
Psychologists	15	0.4	587	0.4
Pharmacists (licensed)	36	1.0	1,166	0.9
Social workers ¹	n/a	n/a	4,050	3.0

See Appendix I for a breakdown of data sources.

¹ Data for registered nurses and social workers was retrieved from the U.S. Department of Labor, Bureau of Labor Statistics' Occupational Employment Statistics (OES) program. OES has withheld the number of registered nurses and/or social workers for several Maine counties. OES withholds employment estimates for several reasons, including the need to protect the confidentiality of survey respondents, or failure to meet data quality standards. In order to ensure confidentiality, OES does not provide the reason that a particular estimate was not released.



HEALTH RESOURCES

Long-term services and supports

Sagadahoc County has one nursing facility, located in Bath, which has 72 licensed beds. This gives Sagadahoc County a ratio of 12.0 licensed beds per 1,000 residents aged 65 and older, which is the lowest in the state (Table 7). There are fourteen residential care facilities, with a combined 122 licensed beds, for a ratio of 3.5 licensed beds per 1,000 residents of all ages. This is lower than the state average of 5.4 beds per 1,000 residents. There are also three assisted living facilities with a combined 124 units. The nursing home and one assisted living facility offer Alzheimer’s care and support. Maps showing the location of long-term care facilities can be found in Appendices E-H (pages 23-26).

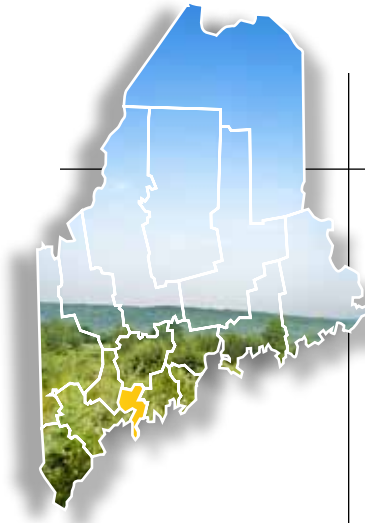
Hospice care is provided by three organizations listed in 211Maine as operating in Sagadahoc County, although none of them are based in the county. There are no home health agencies located in Sagadahoc County, although there are agencies based elsewhere that offer services to Sagadahoc County residents. There is one adult day program in Sagadahoc County. Sagadahoc County is one of six counties in the service area of Spectrum Generations, the Area Agency on Aging, which operates a community center in Brunswick (Cumberland County) that is oriented toward Sagadahoc County.

Table 7: Sagadahoc County | Long-Term Services and Supports

LONG-TERM SERVICES AND SUPPORTS	SAGADAHOC COUNTY			STATE		
	Number of sites	Bed count	Beds per 1,000 population	Number of sites	Bed count	Beds per 1,000 population
Nursing Facilities/Skilled Nursing Facilities ¹	1	72	12.0	103	6,861	31.2
Residential Care Facilities	14	122	3.5	639	7,110	5.4
Assisted Living	3	124	3.5	42	1,904	0.3
LONG-TERM SERVICES AND SUPPORTS	Number of sites		Sites per 10,000 population	Number of sites		Sites per 10,000 population
Alzheimer’s Facilities	2		0.6	93		0.7
Adult Day Programs	1		0.3	36		0.3
Hospice Providers	3		0.9	29		0.2
Home Health	0		0.0	55		0.4

See Appendix I for a breakdown of data sources.

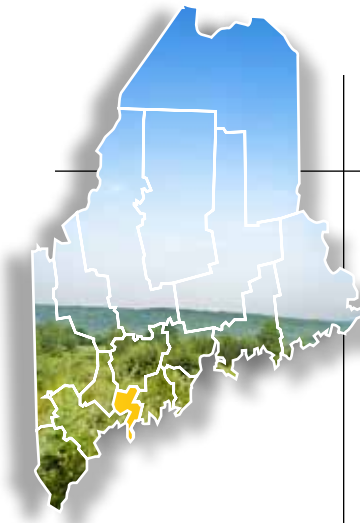
¹ Nursing Facilities/Skilled Nursing Facilities beds per 1,000 population is calculated per 1,000 population over 65.



HEALTH RESOURCES

Public health

Sagadahoc County is part of the Midcoast Public Health District, along with Knox, Lincoln, and Waldo counties. The Midcoast District has four Healthy Maine Partnerships, with one, ACCESS Health, serving Sagadahoc County (along with the towns of Brunswick and Harpswell in Cumberland County). The county is also home to Maine's only county-level Board of Health.



KEY FACTS

- Lowest percentage of residents who were unable to access care due to cost
- Highest percentage of residents with health insurance in state
- Third highest percentage of residents with private health insurance coverage

ACCESS AND INSURANCE

Health care access

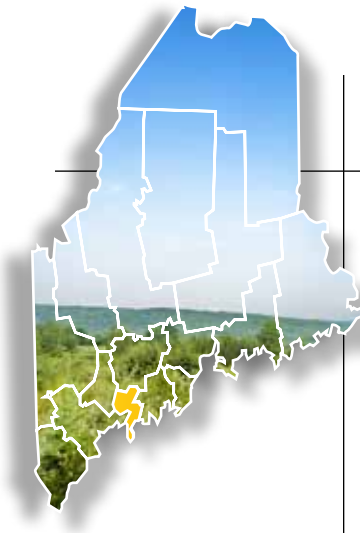
Sagadahoc County has the lowest percentage of residents (9.4 percent) who reported that they could not get needed medical care in the past year due to cost (Table 8). The county ranks third lowest, behind Lincoln and York counties, for the percentage of residents who reported that they did not have a personal doctor or other health care provider (9.7 percent). Other access measures are near the state average.

Table 8: Sagadahoc County | Health Care Access

	SAGADAHOC COUNTY	STATE	
HEALTH CARE ACCESS	Percent	Percent	Relative difference ¹
Checkup in past year	72.2	71.8	+0.6
Adults who have visited dental provider in past year	66.9	64.7	+3.4
Women 50+ who have had mammogram in past two years	82.2	81.8	+0.4
No personal doctor or health care provider	9.7	11.6	-16.4
Did not get needed medical care due to cost in past year	9.4	10.6	-11.6

Source: Behavioral Risk Factor Surveillance System (BRFSS) (2012-2014). Data regarding visits to dental providers and mammography screening are collected every other year. The dental provider and mammography screening data provided above are from the 2012 and 2014 BRFSS survey.

¹The relative difference column presents the variance between the percent values for the county and the state. The purpose of this column is to highlight where there are differences between the county and the state and does not signify statistical significance.



ACCESS AND INSURANCE

Insurance coverage

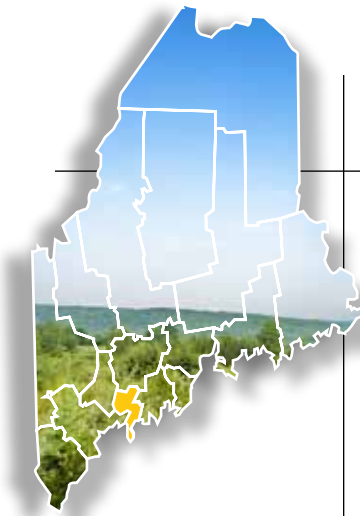
Sagadahoc County has the highest percentage of residents with health insurance in the state. Among residents with health insurance coverage, Sagadahoc County has the third highest percentage of residents with private insurance (78.5 percent) and also the third lowest percentage with public insurance (39.1 percent),⁴ behind Cumberland and York counties in both cases.

Table 9: Sagadahoc County | Insurance Coverage

INSURANCE COVERAGE	SAGADAHOC COUNTY		STATE	
	Number	Percent	Number	Percent
Civilian noninstitutionalized population	34,945		1,313,789	
With health insurance coverage	32,134	92.0	1,177,659	89.6
Private source	25,226	78.5	874,521	74.3
Public source	12,549	39.1	493,357	41.9
Uninsured	2,811	8.0	136,130	10.4
Civilian noninstitutionalized population under 18 years	7,217	20.7	268,615	20.4
Uninsured	306	4.2	13,515	5.0

Source: American Community Survey (2009-2013). See Appendix I for additional information. People may have more than one source of insurance.

⁴ Public coverage includes the federal programs Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP), individual state health plans, and other medical assistance programs.



KEY FACTS

The health care sector is not a significant source of employment

Health care workers are paid annual wages 35 percent lower than the average wage for all employment in Sagadahoc County

HEALTH CARE ECONOMY

The health care sector is not a significant source of employment in Sagadahoc County. Employment in the sector is just 907 workers, or six percent of Sagadahoc County’s employment base. About two thirds of health care workers support the nursing and residential care facilities industry, the remaining 320 workers are in the ambulatory health care services sector (Table 11). The health care sector is highly underrepresented in Sagadahoc County relative to the nation (.50), meaning health care makes up a 50 percent smaller share of the county’s employment base than it does nationally. However, employment in nursing and residential care facilities is highly concentrated (1.53) relative to the nation. There are no workers in the hospital industry and employment in the ambulatory health care services industry is highly underrepresented (.43).

Health care wages account for just four percent of all wages earned in Sagadahoc County, which is a much lower share relative to other counties in Maine. On average, health care workers in Sagadahoc County are paid an annual wage of \$30,780, which is 35 percent below the average wage for all industries in the county.

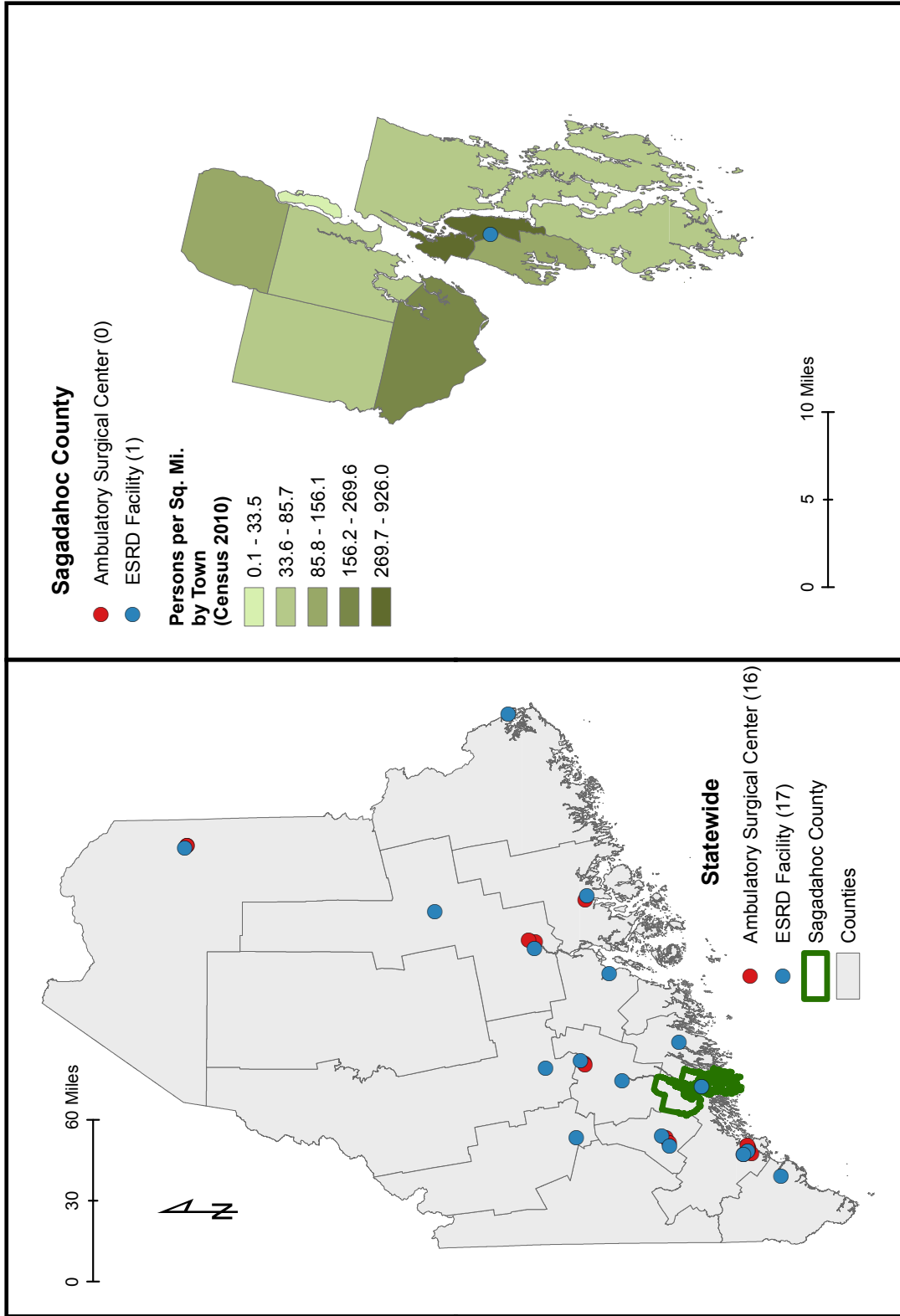
Sagadahoc County is ranked last in the state on most health care economy measures (e.g., average annual wages, share of total employment, etc.).

Table 10: Sagadahoc County | The Health Care Economy: Employment, Establishments, and Wages

INDUSTRY DESCRIPTION	Establishments	Employment	Share of total employment	Concentration	Average annual wage	Relative wage
Ambulatory health care services	57	321	0.02	0.43	\$41,220	0.87
Hospitals	--	--	--	--	--	--
Nursing and residential care facilities	28	586	0.04	1.53	\$25,062	0.63
Health care total	85	907	0.06	0.50	\$30,780	0.65
All industries	1,080	15,161	1.00	1.00	\$47,180	1.00

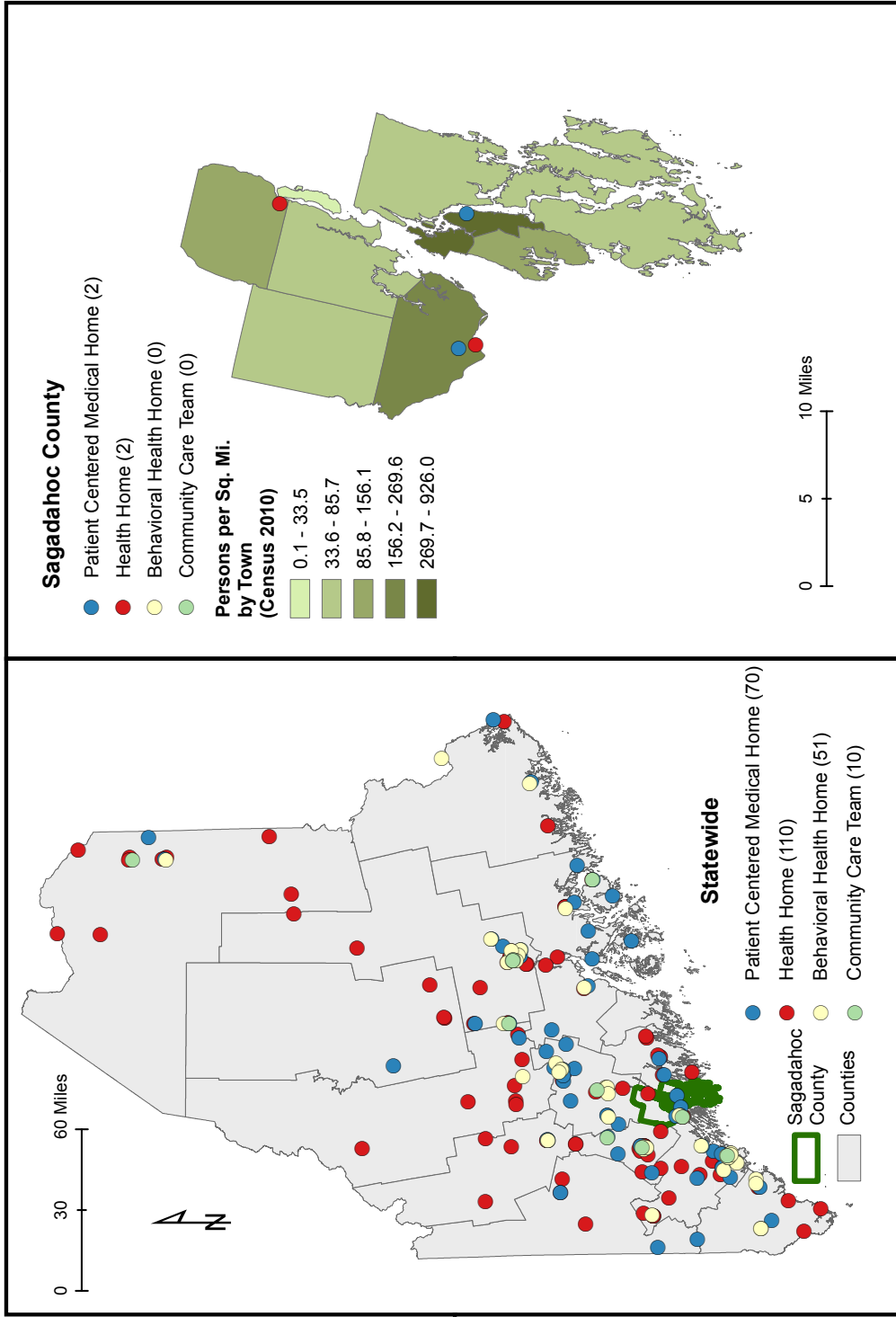
Source: Department of Labor Quarterly Census of Employment and Earnings reported by County (2014). The figure for nursing homes and residential facilities varies from the figure in Table 8 due to a difference in definitions used by the Department of Labor and Maine’s Department of Licensing and Regulatory Services. Concentration helps indicate or explain whether an industry in a region makes up more or less of the economy compared to a benchmark place—in this case the U.S.

Ambulatory Surgical Centers and End-Stage Renal Disease (ESRD) Facilities



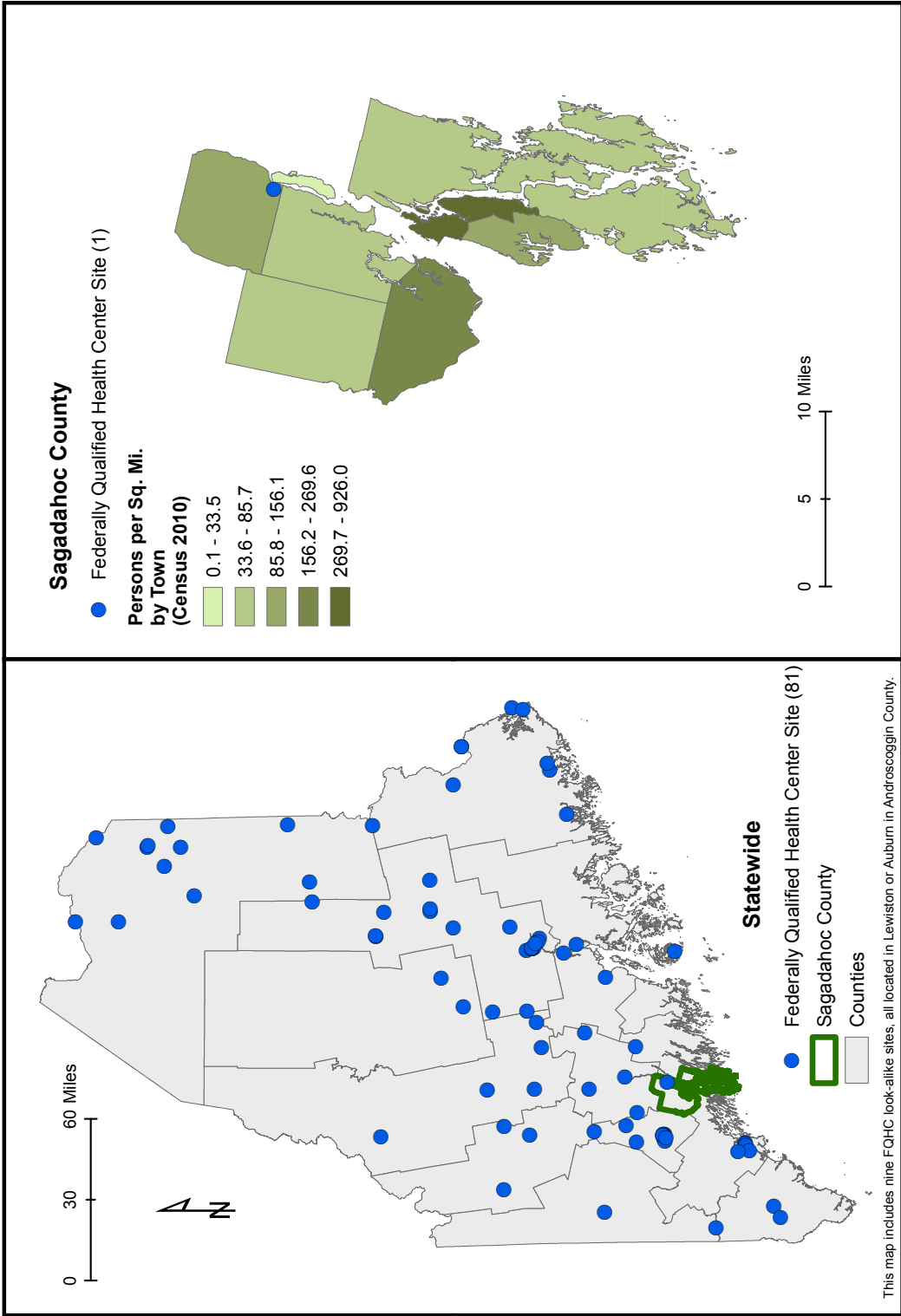
Data Sources: Maine DLRS - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service

Patient Centered Medical Homes, Health Homes, Behavioral Health Homes, and Community Care Teams

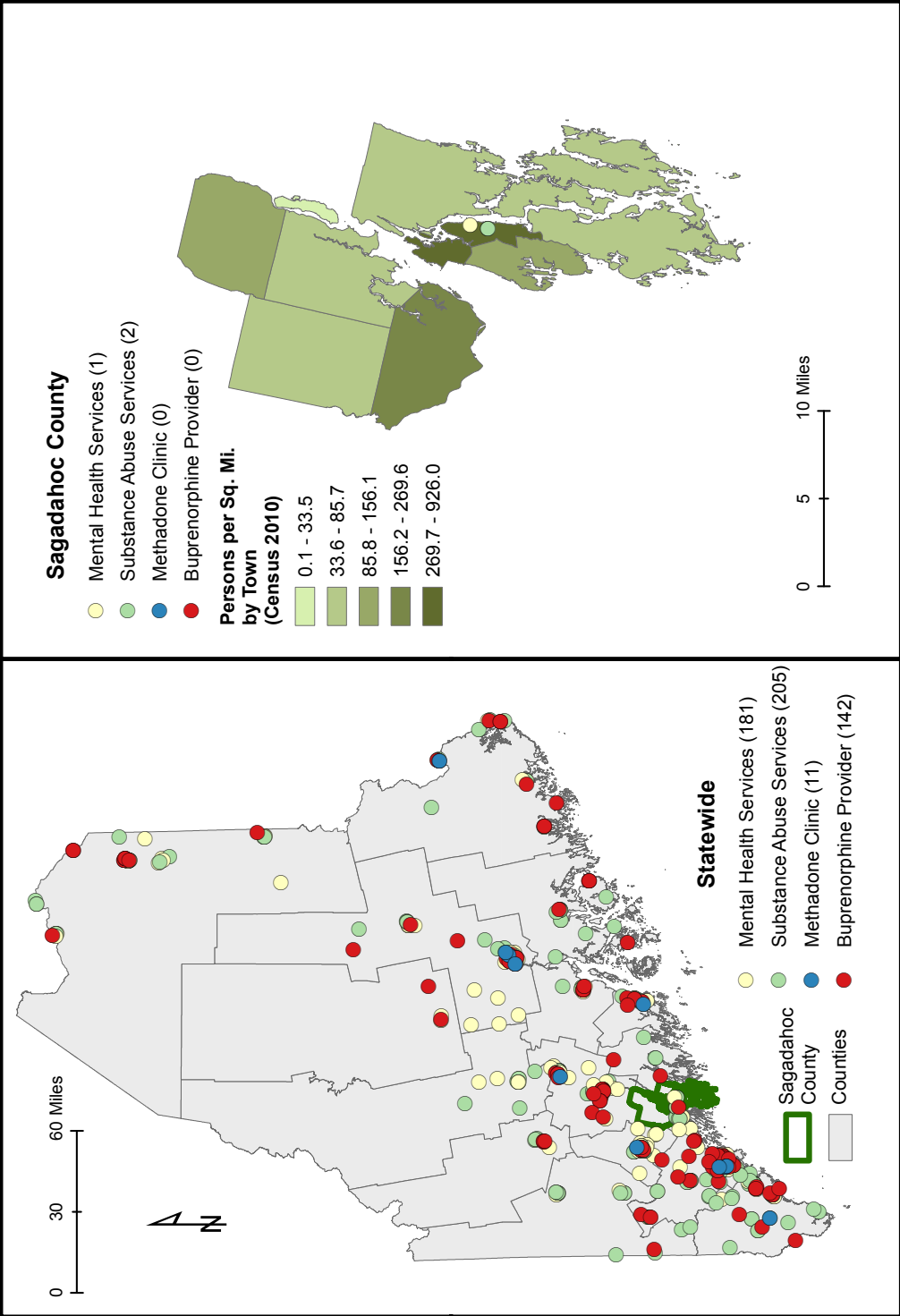


Data Sources: Maine Quality Counts and Maine.gov - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service

Federally Qualified Health Center Sites

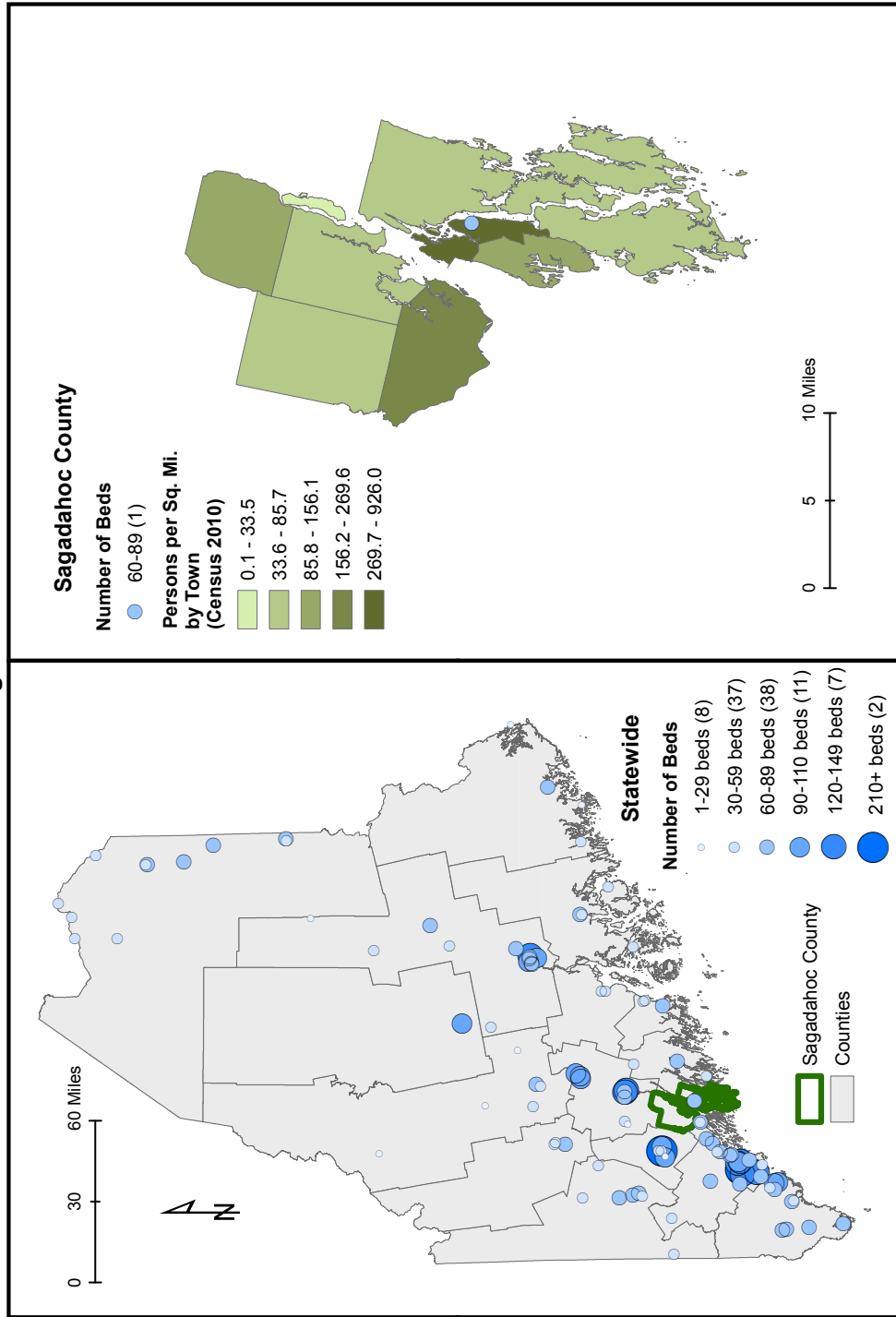


Mental Health Services, Substance Abuse Services, Methadone Clinics, and Buprenorphine Providers



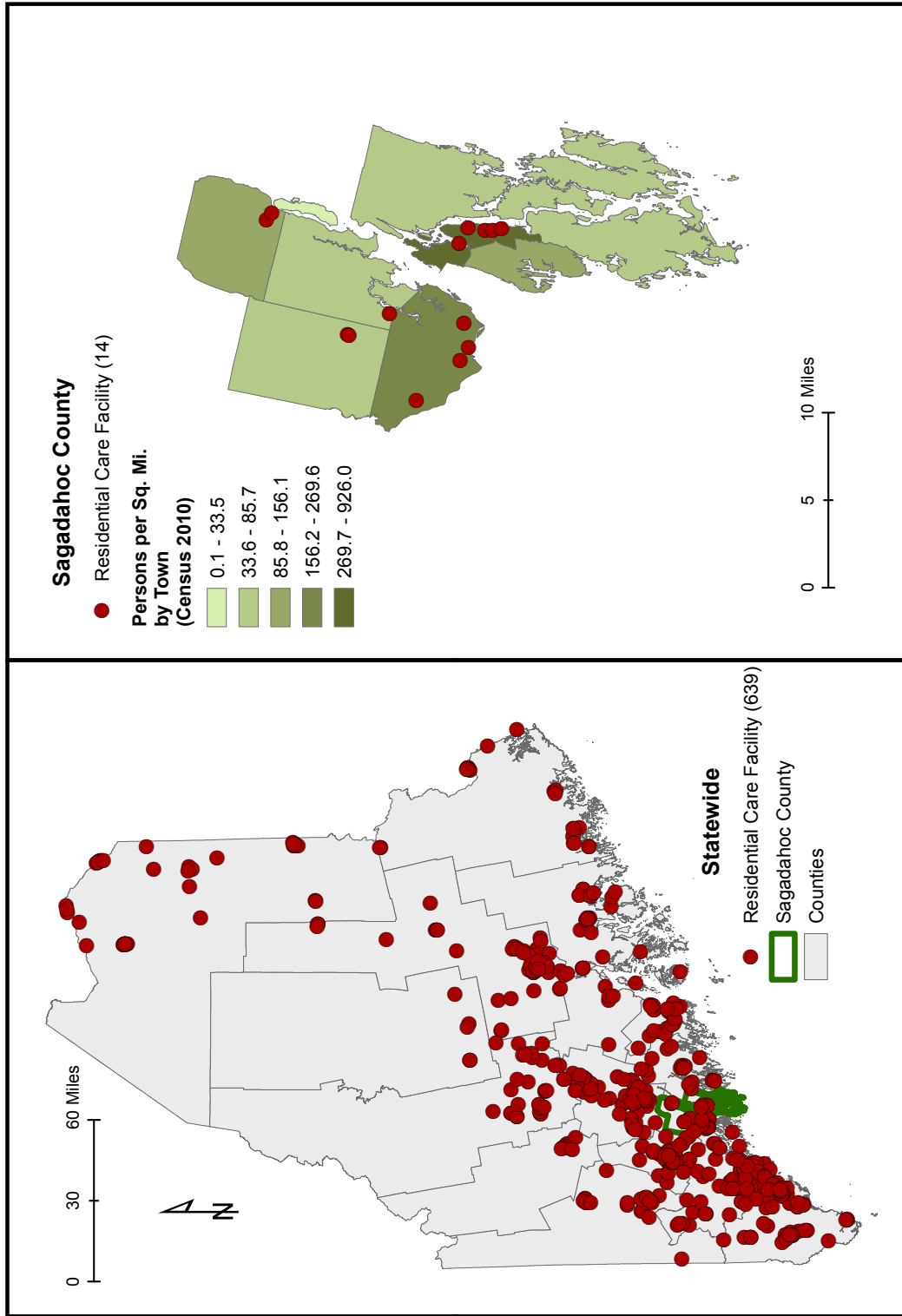
Data Sources: SAMHSA - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service

Nursing Facilities



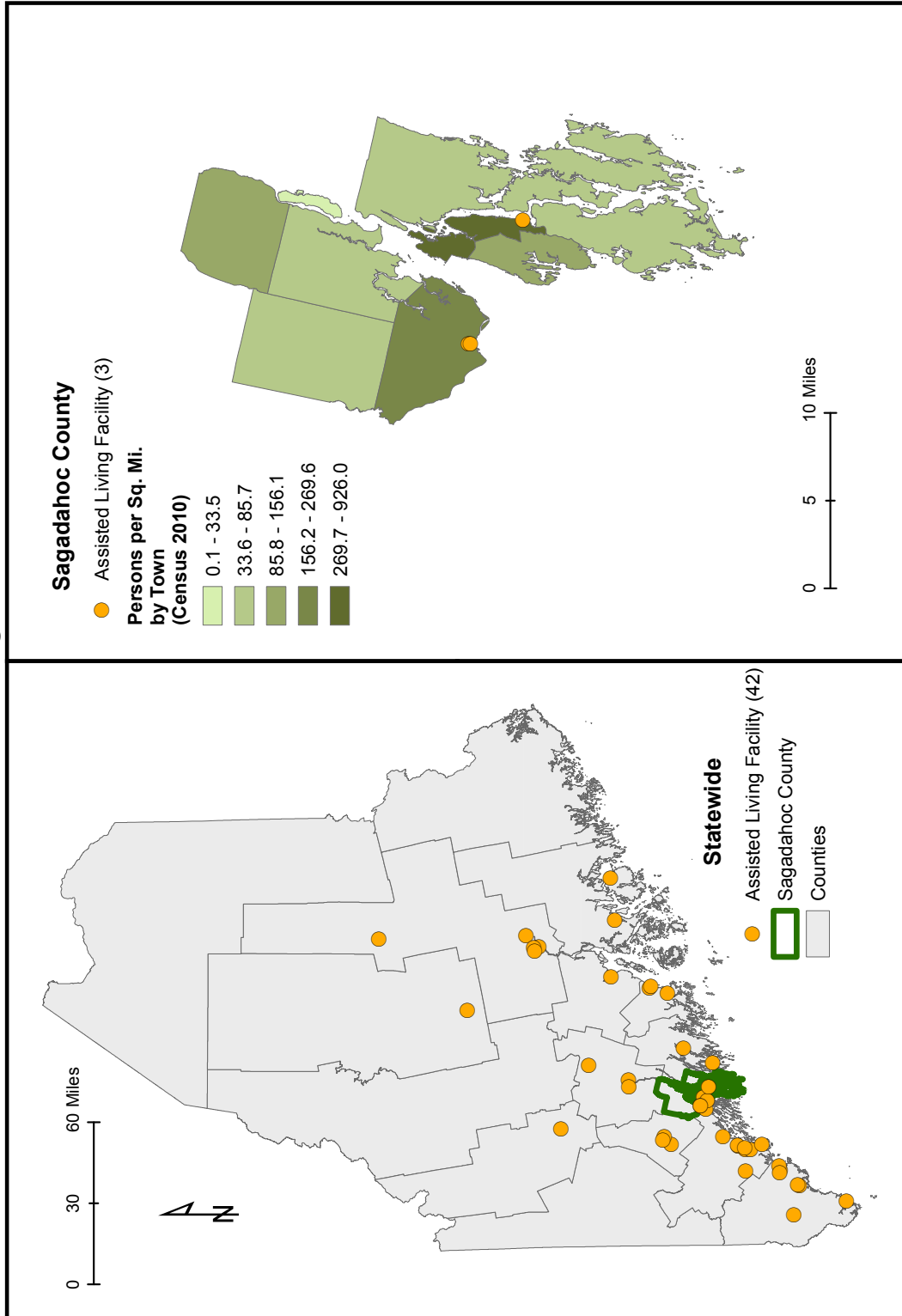
Data Sources: Maine DLRS - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service

Residential Care Facilities



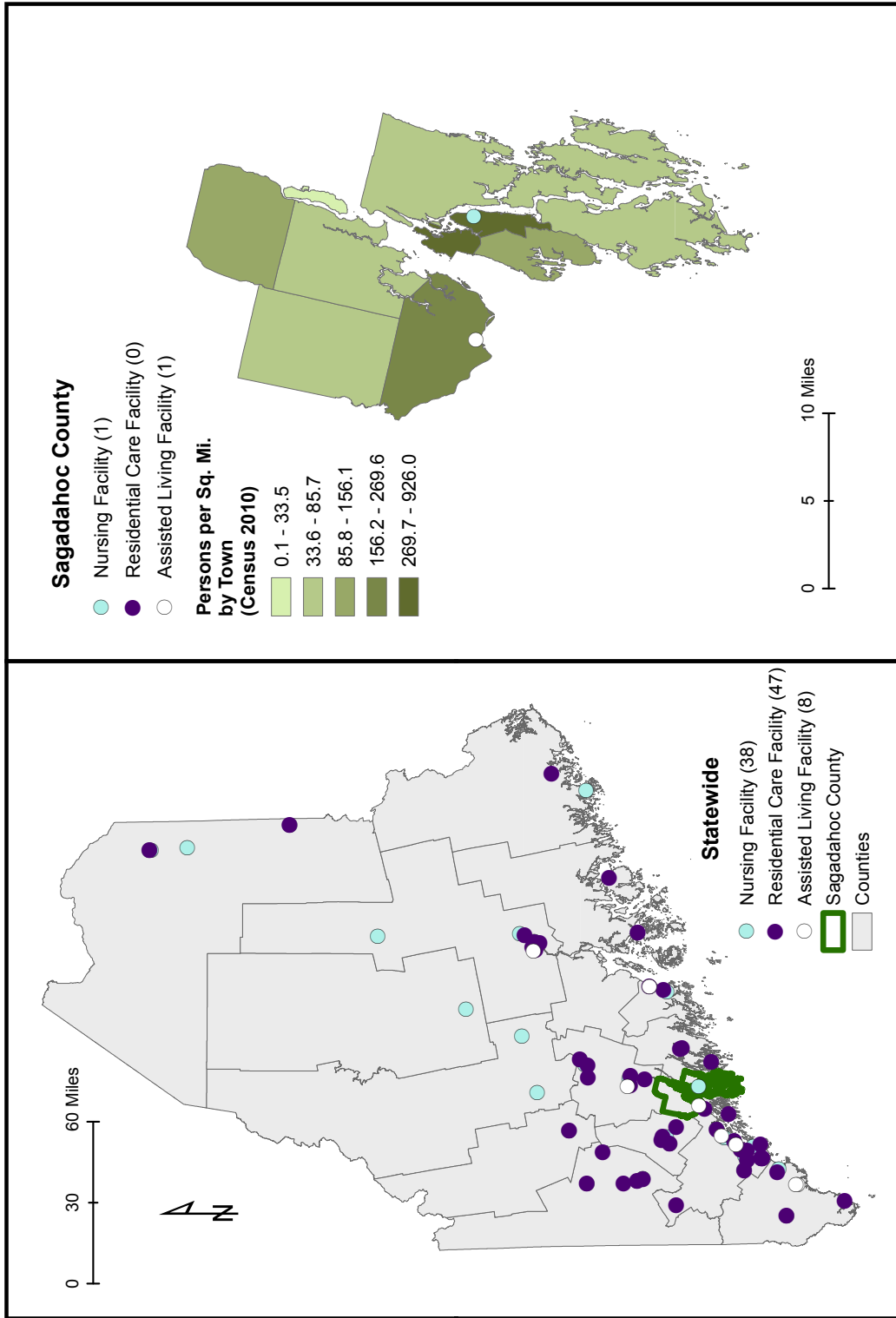
Data Sources: Maine DLRS - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service

Assisted Living Facilities



Data Sources: ALMS - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service

Alzheimer's Care Facilities



Data Sources: Alzheimer's Association - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service

DATA SOURCES

The *Maine Rural Health Profiles* are based on 27 data sources. The data sources are described in detail below, with a summary of each source, the related metrics included in this workbook, notes, and limitations. The title of each data source is a clickable hyperlink which leads to the data source itself, or to a webpage with additional information.

[211Maine.org \(211\)](#)

What it is: 211Maine is a hotline established to help residents find answers to a wide range of issues including, but not limited to: Alzheimer's resources, child care, consumer help, counseling, elder care, emergency shelter, health care, HIV/AIDS testing, home care, legal assistance, senior services, substance abuse, and transportation.

211Maine metrics in these profiles:

- Hospice providers

Note: This project uses 211Maine hospice provider data from 2014.

[ALMS](#)

What it is: ALMS is Maine's search engine for Regulatory Licensing and Permitting, supporting the Health and Human Services, Public Safety, and Professional and Financial Registration departments.

ALMS metrics in these profiles:

- Residential care facilities

Note: This project uses ALMS data on residential care facilities from 2015.

[Alzheimer's Association](#)

What it is: The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support, and research. The Maine chapter of the Alzheimer's Association provides resource directories for each county.

Alzheimer's Association metrics in these profiles:

- Alzheimer's facilities
- Adult day programs

Note: This project uses data from Alzheimer's Association county-level resource directories updated between June 2015 and November 2015.

[American Community Survey \(ACS\)](#)

What it is: The ACS is an annual survey of approximately three million households in the United States. It is conducted by the U.S. Census Bureau, and it is the largest survey other than the decennial census that is administered by the Census Bureau. The data are weighted to be representative of Maine's population, and a method developed by the University of Missouri yields county-level estimates. The survey includes a breadth of topics that are helpful in understanding the characteristics of communities.

ACS metrics used in these profiles:

- Total population
- Population under 20 years of age
- Population 20-64 years of age
- Population 65 years of age and older
- Population living with a disability
- Race
- Median household income
- Percentage of population at or below 150% FPL
- Percentage of population at or below 100% FPL
- Percentage under 18 years of age living below 100% FPL
- Percentage 65 years of age and older living below 100% FPL
- Educational attainment
- Civilian noninstitutionalized population insurance status
- Civilian noninstitutionalized population under 18 insurance status
- Commercially insured residents

Note: This project uses 2009-2013 ACS 5-year estimates collected between January 1, 2009 to December 31, 2013. 5-year estimates were used in lieu of less precise 1-year and 3-year estimates.

[American Hospital Association Annual Survey Database \(AHA\)](#)

What it is: The AHA Annual Survey Database is a comprehensive census of United States hospitals based on the AHA Annual Survey of Hospitals, conducted by the American Hospital Association since 1946. The data are reliable across time and can be used autonomously as a reference on hospitals; or in conjunction with other datasets by matching on the Medicare Provider Number or National Provider Identifier (NPI). The database is complemented with data from secondary sources including the U.S. Census Bureau and accrediting organizations.

AHA metrics in these profiles:

- Hospital service indicators
- Hospital bed count

Note: This project uses data from the 2012 and 2014 AHA Survey Databases.

[Area Health Resources File \(AHRF\)](#)

What it is: The AHRF draws from an extensive county-level database assembled annually from over 50 sources. AHRF products include county and state ASCII files, an MS Access database, an AHRF Mapping Tool, and a Health Resources Comparison Tool (HRCT). These products are made available at no cost by the Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis to inform health resources planning, analysis, and decision making.

AHRF metrics in these profiles:

- Dental hygienists (National Center for Healthcare Analysis and Data 2009)
- Dentists, total professionally active (American Dental Association, 2013)
- Nurse practitioners (Centers for Medicare & Medicaid Services, 2014)
- Pharmacists (National Center for Healthcare Analysis and Data, 2009)
- Physician assistants (CMS NPI File, 2014)

- Physicians, total professionally active (American Medical Association, 2013)
- Practicing primary care physicians (American Medical Association, 2013)
- Psychiatrists (American Medical Association, 2013)
- Psychologists (National Center for Healthcare Analysis and Data, 2009)

Note: This project uses AHRF data from five different sources that date from 2009-2014. Data sources for each profession are provided above.

[Maine Behavioral Risk Factor Surveillance System \(BRFSS\)](#)

What it is: The BRFSS is an annual survey of Maine residents aged 18 and older funded by the Centers for Disease Control and Prevention (CDC). It is Maine's longest running and largest survey used to monitor population health statistics over time for a wide range of topics. The survey includes questions on lifestyle and behaviors related to health risk factors and leading causes of death and disease. Topics include smoking, weight and obesity, physical activity, and use of preventive health services. The data are weighted to be representative of Maine's population.

BRFSS Survey metrics in these profiles:

- Adults who have visited a dental provider in the past year
- Checkup in past year
- Did not get needed medical care due to cost in the past year
- No personal doctor or health care provider
- Women age 50 and older who have had a mammogram in the past two years

Note: Access information is culled from BRFSS data from 2012-2014. Data regarding visits to dental providers and mammography screening are collected every other year. Therefore, dental provider and mammography screening data provided in the profiles are from the 2012 and 2014 BRFSS surveys.

[Centers for Medicare and Medicaid Services \(CMS\), Provider of Services File](#)

What it is: The Provider of Services File contains data on characteristics of hospitals and other types of health care facilities, including the name and address of the facility and the type of Medicare services the facility provides, among other information. The data are collected through the Centers for Medicare & Medicaid Services (CMS) Regional Offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly. The data is a resource to a variety of stakeholders, including researchers and application developers.

Provider of Services File metrics in these profiles:

- Federally Qualified Health Centers
- Nursing facilities data
- Hospital bed counts

Note: This project uses Provider of Services data updated in September 2015.

[County Health Rankings](#)

What it is: The annual *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure health factors including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, air and water quality, income, and teen births in nearly every county in America. The

Rankings provide a snapshot of how health is influenced by where we live, learn, work, and play.

Note: 2016 *County Health Rankings* metrics are used in the Health Status table (Table 2 in each county profile).

[Cutler Institute for Health and Social Policy](#)

What it is: The Cutler Institute for Health and Social Policy at the Muskie School of Public Service at the University of Southern Maine is dedicated to developing innovative, evidence-informed, and practical approaches to pressing health and social challenges faced by individuals, families, and communities.

Cutler Institute metrics in these profiles:

- School-based health centers

Note: State-funded school-based health center locations were provided by George Shaler, Senior Research Associate & Director of the Maine Statistical Analysis Center, in December 2015.

[Division of Licensure and Regulatory Services \(DLRS\)](#)

What it is: The mission of the Division of Licensing and Regulatory Services is to support access to quality and effective health care and social services for Maine citizens by developing and applying regulatory standards that help people have safe and appropriate outcomes. The DLRS is responsible for licensing medical and long-term care facilities, assisted living facilities, residential care facilities, private non-medical institutions, mental health service providers, substance abuse agencies, and programs and services to children. DLRS maintains an online database of the state's health care providers.

DLRS metrics in these profiles:

- Hospital bed count
- Nursing facilities
- Home health
- End-Stage Renal Disease facilities
- Ambulatory surgery centers
- Hospice providers

Note: This project uses DLRS data from 2014-2015.

[Maine Department of Labor, Center for Workforce Research and Information, Unemployment and Labor Force \(DOL\)](#)

What it is: Data is derived from the Local Area Unemployment Statistics (LAUS) program. LAUS is a federal-state cooperative program that develops monthly estimates of the labor force, employment, unemployment, and unemployment rates for the state, counties, labor market areas, metropolitan and micropolitan statistical areas, cities, and towns.

DOL metrics in these profiles:

- Unemployment rate

Note: This project uses average annual unemployment rates for 2015.

[Maine Emergency Medical Services \(EMS\) Run Reporting System](#)

What it is: Maine EMS is a bureau within the Department of Public Safety. The Maine EMS system includes the Board of EMS, the Maine EMS staff, six regional EMS offices, and the Medical Direction and Practice Board.

Maine EMS metrics in these profiles:

- EMS companies

Note: The EMS data used for this project was included in the Maine EMS Run Reporting System 2014 Annual Report.

[Maine Health Management Coalition \(MHMC\)](#)

What it is: The Maine Health Management Coalition (MHMC) is a nonprofit organization whose over 70 members include public and private purchasers, hospitals, health plans, and doctors working together to measure and report health care value. MHMC helps employers and their employees use this information to make informed decisions.

MHMC metrics in these profiles:

- Primary care practices

Note: The MHMC primary care practices data included in this project was updated on November 30, 2015.

[Maine Oral Health Program](#)

What it is: The Maine Oral Health Program is part of the Division of Population Health at the Maine CDC, a Division of the Maine Department of Health and Human Services.

Maine Oral Health Program metrics in these profiles:

- Safety net dental clinics

Note: The safety net dental clinic information included in this project is from the Oral Health Program's "Dental Clinics and Services for Maine Residents" directory updated in July 2015.

[Maine Quality Counts](#)

What it is: Maine Quality Counts is an independent, multi-stakeholder, regional health care collaborative dedicated to transforming health and health care in Maine. The organization seeks to improve health care by leading, collaborating, and aligning improvement efforts. Maine Quality Count's 75+ members are major care delivery organizations, payers and employers, as well as individuals, providers, and associations. The Dirigo Health Agency's Maine Quality Forum, Maine Quality Counts, and the Maine Health Management Coalition work together to lead the Maine Patient Centered Medical Home (PCMH) Pilot.

Maine Quality Counts metrics in these profiles:

- Patient Centered Medical Homes
- Health Homes
- Community Care Teams

Note: Maine Quality Counts provided the project team with PCMH, Health Home, and CCT locations dated January 13, 2016.

[Occupational Employment Statistics Survey \(OES\)](#)

What it is: The Maine Department of Labor, Center for Workforce Research and Information prepares the Occupational Employment and Wage Estimates for Maine using the OES. Data is derived from the Quarterly Census of Employment and Wages (QCEW) program. QCEW is a federal-state cooperative program that collects employment and wage information for workers covered by state unemployment insurance laws and for Federal workers covered by the Unemployment Compensation for Federal Employees program. Data includes wage, employment, address, and coding information for individual establishments.

OES metrics in these profiles:

- Registered nurses
- Social workers

Note: This project uses OES data from 2014. OES has withheld the number of registered nurses and/or social workers for several Maine counties. OES withholds employment estimates for several reasons, including the need to protect the confidentiality of survey respondents, or failure to meet data quality standards. In order to ensure confidentiality of survey respondents, or failure to meet data quality standards. In order to ensure confidentiality, OES does not provide the reason that a particular estimate was not released.

[Office of MaineCare Services, Participating Behavioral Health Home Organization Provider Information \(OMS\)](#)

What it is: The Office of MaineCare Services oversees MaineCare—Maine’s Medicaid program. OMS keeps and updates a list of Behavioral Health Homes serving adults and a list of Behavioral Health Homes serving children.

Office of MaineCare Services metrics in these profiles:

- Behavioral Health Home organizations

Note: The list of Behavioral Health Homes serving adults and children that was used for this project was updated in November 2015.

[Maine Demographic Projections, Office of Policy and Management \(OPM\)](#)

What it is: The Office of Policy and Management has released population projections for Maine and its counties and towns for 5-year intervals to 2032, based on 2012 U.S. Census Bureau population estimates. The projections are broken down by county, age, and sex.

Maine Demographic Projections metrics in these profiles:

- Total projected population
- Projected 65 and older
- Projected 85 and older

[Department of Labor Quarterly Census of Employment and Wages \(QCEW\)](#)

What it is: This data series includes all employment covered under unemployment insurance and excludes non-employed workers, railroad workers, and some government employees. Data for employment, establishments, and wages are reported using the North American Industrial Identification System (NAICS) which arranges industries into hierarchical groupings. This analysis includes the highlighted industries at the “three-digit NAICS level.”

QCEW metrics in these profiles:

- All health care economy data

Note: Nondisclosure rules do not allow for sufficient analysis at more detailed industry levels. However, it is assumed that employment in various industries is included in the higher level industries we report on: ambulatory health care services, hospitals, and nursing and residential care facilities. This project uses annual averages from 2014.

[Behavioral Health Treatment Services Locator \(SAMHSA\)](#)

What it is: The Behavioral Health Treatment Services Locator is an online source of information for persons seeking treatment facilities in the U.S. or U.S. Territories for substance use disorders and/or mental health problems. The Locator is a product of SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ) and is compiled from responses to CBHSQ’s annual surveys of treatment facilities (the National Survey of Substance Abuse Treatment Services and the National Mental Health Services Survey). All information is updated annually based on facilities’ responses to the annual substance abuse and mental health facility surveys.

SAMHSA metrics in these profiles:

- Mental health treatment facilities
- Substance abuse treatment facilities

Note: See link above and then click “About” for a description of facilities that are and are not eligible for inclusion in the Locator. SAMSHA updates the services locator data on a rolling basis. The data included in this project were accessed on November 18, 2015.

[Buprenorphine Treatment Physician Locator \(SAMHSA\)](#)

What it is: The SAMHSA Buprenorphine Treatment Physician Locator allows users to find physicians authorized to treat opioid dependency with buprenorphine by state.

SAMHSA Buprenorphine Treatment Physician Locator metrics in these profiles:

- Physicians authorized to prescribe buprenorphine

Note: SAMSHA updates the treatment physician locator data on a rolling basis. The data included in this project were accessed January 7, 2016.

[Opioid Treatment Program Directory \(SAMHSA\)](#)

What it is: The SAMHSA Opioid Treatment Program Directory allows users to search for programs providing methadone for the treatment of opioid addiction in each state and territory of the U.S.

SAMHSA Opioid Treatment Program Directory metrics in these profiles:

- Methadone treatment programs

Note: SAMSHA updates the program directory data on a rolling basis. The data included in this project were accessed November 10, 2015.

[Maine Shared Health Needs Assessment & Planning Process \(SHNAPP\)](#)

What it is: The *Maine Shared Health Needs Assessment & Planning Process (SHNAPP) Project*—a collaborative of the Central Maine Medical Family, Eastern Maine Healthcare Systems, MaineGeneral Health, MaineHealth and the Maine CDC—works to improve the health status of Maine residents and track results. The *SHNAPP* reports provide an in-depth look at population health status, risk factors, barriers to care, demographics, and social factors affecting Maine communities. They also include qualitative responses from a broad sample of stakeholders representing every county in Maine. Together, this data provides unique perspectives on the collective health of Maine people.

Note: 2015 *SHNAPP* metrics are used in the “Health Status Indicators Relative to State Average” table included in each county profile.

[U.S. Census](#)

What it is: The U.S. Census Bureau counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years.

U.S. Census metrics in these profiles:

- Percentage of people living in rural areas
- Persons per square mile

Note: This workbook includes Census data from 2010. Persons per square mile was calculated using ACS 2011-2013 population data and 2010 Census land area data.

[U.S. Department of Agriculture, Economic Research Service, Rural-Urban Continuum Codes](#)

What it is: The U.S. Department of Agriculture’s Rural-Urban Continuum Codes (RUCCs) are a classification system that distinguishes metropolitan counties by the population size of their metro area, and nonmetropolitan counties by degree of urbanization and adjacency to a metro area.

Note: RUCCs are referenced in the narrative description of a county’s rurality in the “Geography and Demographics” section of each profile. All RUCCs are from 2013.

[VA Maine Healthcare System](#)

What it is: The VA Maine Healthcare system serves Maine veterans through the delivery of “timely quality care by staff who demonstrate outstanding customer service, the advancement of health care through research, and the education of tomorrow’s health care providers.” The VA Maine Healthcare System website includes the locations of all VA Maine Healthcare facilities, including Togus VA Medical Center, Community-Based Outpatient Clinics, and Vet Centers.

VA Maine Healthcare System metrics in these profiles:

- VA Hospital
- VA Facilities (other than hospital)

Note: Locations of VA Maine Healthcare facilities were accessed from the VA Maine Healthcare System website in November 2015.

GLOSSARY

ambulatory surgery center: licensed centers that perform surgeries that generally do not exceed 90 minutes in length and do not require more than four hours recovery or convalescent time.

Area Agency on Aging: a nonprofit organization, funded through the federal Older Americans Act, which is dedicated to planning and implementing social services for adults age 60 and older.

assisted living facility: Maine defines an assisted living facility as providing a comprehensive array of support services to consumers in private apartments in buildings that include a common dining area. These programs may include meal delivery, housekeeping and chore assistance, and case management. These programs also provide medication administration directly or indirectly.

behavioral health home: a behavioral health agency that serves as a health home (see below) for people with mental health and substance use disorders.

buprenorphine: buprenorphine is used in medication-assisted treatment to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine. Unlike methadone treatment, which must be administered in a highly structured clinic, buprenorphine is the first medication to treat opioid dependency that is permitted to be prescribed or dispensed in physician offices, significantly increasing treatment access.

community care team (CCT): CCTs are multi-disciplinary, community-based, practice-integrated care management teams that work closely with the patient-centered medical home practices (see below) to provide enhanced services for the most complex, most high-needs patients in the practice.

County Health Rankings: a project of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute that utilizes national data to rank the health of each county relative to others in each state, using a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play.

Critical Access Hospital (CAH): an acute care hospital certified under a specific set of Medicare Conditions of Participation. CAHs may have no more than 25 inpatient beds and must maintain an annual average length of stay of no more than 96 hours for acute inpatient care; offer full time, round-the-clock emergency care services; and be located in a rural area at least a 35 mile drive (or closer in some circumstances) from any other hospital or CAH. The designation provides a sustainable model of acute care services to meet the needs of vulnerable rural communities.

end-stage renal disease (ESRD) facility: includes renal transplantation centers, renal dialysis centers, and renal dialysis facilities.

federal poverty level (FPL): a measure of income issued every year by the Department of Health and Human Services; federal poverty levels are used to determine eligibility for certain programs and benefits, including subsidies for Marketplace health plans, and Medicaid and CHIP coverage.

- federally qualified health center (FQHC):** federally designated and funded clinics that serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Certain tribal organizations and FQHC look-alikes (an organization that meets PHS Section 330 eligibility requirements, but does not receive grant funding) may also receive special Medicare and Medicaid reimbursement.
- frontier:** the most remote and sparsely populated places along the rural-urban continuum, with residents far from health care services, schools, grocery stores, and other necessities. Frontier is often thought of in terms of population density and distance in minutes and miles to population centers and other resources, such as hospitals. Frontier areas may be defined at the community level by county, ZIP code or census tract; however, they are most often delineated by county.
- health home:** offers coordinated care to individuals with multiple chronic health conditions, including mental health and substance use disorders. The health home is a team-based clinical approach that includes the consumer, their providers, and family members, when appropriate. The health home builds linkages to community supports and resources, and enhances coordination and integration of primary and behavioral health care to better meet the needs of people with multiple chronic illnesses.
- Healthy Maine Partnership (HMP):** HMPs are funded by tobacco settlement dollars and implement initiatives and policies at both the state and local level that reduce chronic disease risk, reduce or eliminate involuntary exposure to secondhand smoke, prevent tobacco use, increase access to healthy foods, and increase opportunities to be physically active.
- home health care agency:** provides health care services to patients under the care of a physician in the patient's place of residence. This differs from a personal care agency, which hires/employs unlicensed assistive personnel to provide assistance with activities of daily living to individuals in the places in which they reside, either permanently or temporarily.
- Maine Shared Health Needs Assessment & Planning Process (SHNAPP) Project:** The SHNAPP Project has compiled population health assessment data to support a collaborative, state-wide community health needs assessment process led by the Maine Center for Disease Control and Prevention and the state's four largest health systems.
- mental health treatment facility:** facilities that provide mental health treatment services and are funded by the state mental health agency or other state agency or department; mental health treatment facilities administered by the U.S. Department of Veterans Affairs; and private for-profit and nonprofit facilities that are licensed by a state agency to provide mental health treatment services, or that are accredited by a national treatment accreditation organization (e.g., The Joint Commission, National Committee for Quality Assurance, etc.).
- nursing facility (also skilled nursing facility):** facility primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, rehabilitation services or health-related care and services above the level of room and board.

patient-centered medical home: a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.

population density: a measurement of the number of people per unit of geographic area (e.g., square mile).

public health district: eight geographic districts within Maine designed to improve coordinated delivery of essential public health services.

residential care facility: provides housing and assistance with services, including activities of daily living and instrumental activities of daily living.

Rural Health Clinic (RHC): a federally designated health clinic certified to receive special Medicare and Medicaid reimbursement. They are only required to provide outpatient primary care services and basic laboratory services. RHCs must be located within rural areas that have health care shortage designations.

safety net dental clinic: clinics that strive to provide oral health care to individuals and their families regardless of their ability to pay.

school-based health center (SBHC): primary care clinics based in primary and secondary school campuses. Most SBHCs provide a combination of primary care, mental health care, substance abuse counseling, case management, dental health, nutrition education, health education, and health promotion.

substance abuse treatment facility: a facility with licensure/accreditation/approval to provide substance abuse treatment from a state substance abuse agency or a national treatment accreditation organization (e.g., The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, National Committee for Quality Assurance, etc.); staff who hold specialized credentials to provide substance abuse treatment services; and authorization to bill third-party payers for substance abuse treatment services using an alcohol or drug clinical diagnosis.

unorganized territory (UT): UTs have no local, incorporated municipal government. In Maine there are over 400 unorganized townships, plus many coastal islands that do not lie within municipal boundaries. The land area of UTs is slightly over one half the area of the entire state. Approximately 9,000 year-round residents live in UTs, plus additional seasonal residents. The Maine Legislature serves as the “local governing body” for UTs, as it annually reviews and approves the various budgets from state agencies and county government necessary to provide services and property tax administration in UTs.