Muskie School of Public Service
Maine Rural Health Research Center
SEPTEMBER 2016

WASHINGTON COUNTY

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Points of Contact logo – black and white

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The column mark appears on the left, with the name of the university appearing in stacked form to the right. The access points are placed below the Classic Logo. The typefaces used in the logo are Gotham Medium and Helvetica Condensed 77. (Comprehensive typeface information is available on page 10).
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

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


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.
Fast Facts:

Geography and Demographics
- Among the state’s most rural counties, over 92 percent of the population lives in a rural area.
- An economically disadvantaged county—the greatest proportion of residents living below the federal poverty level in the state.

Health Status
- Higher than average mortality rates (i.e., overall, cancer, coronary heart disease, and diabetes).
- Based on the County Health Rankings, Washington County ranks last among Maine counties in most categories and on most measures (e.g., Health Outcomes, Health Factors, and Clinical Care).

Health Resources
- More primary care practices and federally qualified health center sites per capita compared to the state as a whole.
- Half as many hospital beds per capita compared to the state average.

Access and Insurance
- Highest percentage of residents who do not have a health care provider compared to the rest of the state.
- Higher percentage of residents with public insurance coverage (i.e., Medicare, VA, or Medicaid) than the state average.

Health Care Economy
- The health care sector is the largest source of jobs in Washington County, employing 16.8 percent of workers in the region.
- Health care workers are paid annual wages of $39,000 on average; 18 percent higher than the average for all employment in the county.
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INTRODUCTION

This profile provides a snapshot of the state of health and the health system in Washington 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 Washington 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 20-27).

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.
WASHINGTON COUNTY

GEOGRAPHY AND DEMOGRAPHICS

Maine’s easternmost county, Washington County is bordered to the east by Canada and to the south by the Atlantic coast. As indicated in Table 1, Washington County is a rural county and the US Census counts 92.4 percent of its residents as living in rural areas, which is 50.6 percent higher than the state average.\(^1\) Washington County has a total land area of 2,563 square miles, the third smallest total population (32,621 residents), and is tied with Somerset County for the third lowest population density (12.7 residents per square mile) in the state.

Washington County’s residents are 92.1 percent white, 4.3 percent American Indian/Alaskan Native (AI/AN), and 0.5 percent black.\(^2\) Two American Indian reservations are located in Washington County: The Passamaquoddy Pleasant Point Reservation located between Eastport and Perry, and the Passamaquoddy Indian Township Reservation near Calais. An estimated 1,397 AI/AN residents live in Washington County—the largest AI/AN population of any county in the state.

Washington County has the third highest percentage of residents aged 65 and over (20.2 percent), behind Lincoln and Piscataquis counties. Washington County also has the third highest percentage of residents with a disability in the state (20.5 percent), behind Piscataquis and Aroostook counties.

Washington County is one of the most economically disadvantaged counties in the state. Tied with Somerset County, Washington County has the highest unemployment rate (6.6 percent), and the greatest proportion of residents living on household incomes below 100 percent of the federal poverty level (FPL) (19.5 percent). Washington County also has the second highest proportion of residents aged 65 and over (11.5 percent) and age 18 and under (26.2 percent) living in poverty behind Aroostook and Piscataquis counties respectively. Washington County has the second lowest median household income ($37,236) in the state, behind Piscataquis County. With regard to educational attainment, 12.6 percent of Washington County residents aged 25 and over have not obtained a high school degree, the third highest rate in the state, behind Aroostook and Somerset counties.

\(^1\) There 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.

\(^2\) Persons identifying as AI/AN, Asian, two or more races, and other are shown in the “Other” category in Table 1.
### Table 1: Washington County | Socio-demographic and Economic Characteristics

<table>
<thead>
<tr>
<th>SOCIO-DEMOGRAPHIC AND ECONOMIC CHARACTERISTICS</th>
<th>WASHINGTON COUNTY</th>
<th>STATE</th>
<th>Relative difference¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POPULATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total population</td>
<td>32,621</td>
<td>1,328,320</td>
<td></td>
</tr>
<tr>
<td>Persons per square mile</td>
<td>12.7</td>
<td>43.1</td>
<td>-70.4</td>
</tr>
<tr>
<td>% living in rural areas</td>
<td>30.135</td>
<td>814,819</td>
<td>61.3 +50.4</td>
</tr>
<tr>
<td>Under 20</td>
<td>7,216</td>
<td>305,325</td>
<td>23.0 -3.8</td>
</tr>
<tr>
<td>20-64</td>
<td>18,822</td>
<td>803,374</td>
<td>60.5 -4.6</td>
</tr>
<tr>
<td>65 and older</td>
<td>6,583</td>
<td>219,621</td>
<td>16.5 +22.1</td>
</tr>
<tr>
<td>Living with a disability</td>
<td>6,670</td>
<td>205,251</td>
<td>15.5 +32.3</td>
</tr>
<tr>
<td><strong>RACE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>30,036</td>
<td>1,264,047</td>
<td>-3.2</td>
</tr>
<tr>
<td>Black</td>
<td>151</td>
<td>14,637</td>
<td>-58.0</td>
</tr>
<tr>
<td>Other</td>
<td>2,434</td>
<td>49,636</td>
<td>+102.7</td>
</tr>
<tr>
<td><strong>POPULATION ESTIMATES: 2032</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total projected population</td>
<td>30,002</td>
<td>1,300,166</td>
<td></td>
</tr>
<tr>
<td>Projected 65 and older</td>
<td>9,096</td>
<td>354,718</td>
<td>27.3 +11.1</td>
</tr>
<tr>
<td>Projected 85 and older</td>
<td>1,116</td>
<td>44,883</td>
<td>3.5 +7.8</td>
</tr>
<tr>
<td><strong>ECONOMIC DEMOGRAPHICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income</td>
<td>$37,236</td>
<td>$48,453</td>
<td>-23.2</td>
</tr>
<tr>
<td>Individuals living below 150% FPL</td>
<td>10,617</td>
<td>302,733</td>
<td>23.4 +43.6</td>
</tr>
<tr>
<td>Individuals living below 100% FPL</td>
<td>6,155</td>
<td>175,624</td>
<td>13.6 +43.5</td>
</tr>
<tr>
<td>Under 18 living below 100% FPL</td>
<td>1,625</td>
<td>48,741</td>
<td>18.5 +41.6</td>
</tr>
<tr>
<td>65+ living in poverty</td>
<td>727</td>
<td>18,434</td>
<td>8.7 +32.4</td>
</tr>
<tr>
<td>Population aged 25+</td>
<td>23,285</td>
<td>931,969</td>
<td>72.1 +2.3</td>
</tr>
<tr>
<td>Less than high school</td>
<td>2,933</td>
<td>81,217</td>
<td>8.7 +44.5</td>
</tr>
<tr>
<td>High school graduate</td>
<td>8,857</td>
<td>314,565</td>
<td>33.8 +12.7</td>
</tr>
<tr>
<td>Some college, or Associate’s degree</td>
<td>6,769</td>
<td>273,624</td>
<td>29.4 -1.0</td>
</tr>
<tr>
<td>Bachelor’s degree+</td>
<td>4,726</td>
<td>262,563</td>
<td>28.2 -28.0</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>6.6</td>
<td>4.4</td>
<td>+50.0</td>
</tr>
</tbody>
</table>

*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.
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.

Washington County’s health challenges include socioeconomic factors, uninsured residents, self-reported fair to poor health, sedentary lifestyles, a lack of a usual source of primary care, lower rates of visits to dentists, high cholesterol, lower rates of mammograms, and higher mortality rates (overall, cancer specific, acute myocardial infarctions, coronary heart disease, diabetes) (Table 2). Residents in Washington County have higher rates of hospitalization for ambulatory care sensitive conditions, pneumonia, and acute myocardial infarctions, as well as higher rates of emergency department visits for asthma and pneumonia.

The County Health Rankings place Washington County as sixteenth among Maine’s 16 counties for Health Outcomes, noting factors such as higher rates of premature death and poorer reported quality of physical and mental health. Washington County ranked sixteenth for Health Factors that influence the population’s health. Within Health Factors, the report ranked Washington County fourteenth in health behaviors due to higher than average rates of adult obesity, lower rates of physical activity, lack of access to exercise opportunities, alcohol-impaired driving deaths, and a higher rate of teen births. Washington County ranks sixteenth in clinical care owing largely to a higher than average percentage of uninsured residents, a higher rate of preventable hospital stays, and a population to provider ratio lower than the state average for primary care physicians and dentists. Washington County ranks sixteenth in social and economic factors due in part to a higher than average unemployment rate, a higher than average rate of deaths from injury and a higher than average percentage children living in poverty. Washington County ranks fourth in physical environment due to lower than average air pollution and a lower than average percentage of residents who drive alone during long commutes.

\(^3\)All SHNAPP Project indicators referenced in this text or 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: Washington County | Health Status

#### HEALTH STATUS INDICATORS RELATIVE TO STATE AVERAGE

<table>
<thead>
<tr>
<th>Red arrows indicate poor health status. The direction of the arrow indicates if the indicator is lower or higher than the state average.</th>
<th>Green arrows indicate positive health status. The direction of the arrow indicates if the indicator is lower or higher than the state average.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲ Adults and children living in poverty</td>
<td>▲ Lead screening, children 12-23 months</td>
</tr>
<tr>
<td>▲ Overall mortality rate per 100,000 population</td>
<td>▲ Lead screening, children 24-35 months</td>
</tr>
<tr>
<td>▲ Adults who rate their health fair to poor</td>
<td>▼ Melanoma incidence per 100,000 population</td>
</tr>
<tr>
<td>▲ Percent uninsured</td>
<td>▼ Pre-diabetes prevalence</td>
</tr>
<tr>
<td>▲ Ambulatory care sensitive condition hospital admission rate per 100,000 population</td>
<td>▼ Children with confirmed elevated blood levels (% among those screened)</td>
</tr>
<tr>
<td>▲ Asthma ED visits per 10,000 population</td>
<td>▼ Traumatic brain injury related ED visits per 10,000 population</td>
</tr>
<tr>
<td>▲ Pneumonia ED rate per 100,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Pneumonia hospitalizations per 100,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Mortality – all cancers per 100,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Lung cancer incidence per 100,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Acute myocardial infarction hospitalizations and mortality per 10,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Coronary heart disease mortality per 100,000 pop.</td>
<td></td>
</tr>
<tr>
<td>▲ Heart failure hospitalizations per 10,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ High cholesterol</td>
<td>▲ Physical environment</td>
</tr>
<tr>
<td>▲ Diabetes mortality (underlying cause) per 100,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Firearm deaths per 100,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Unintentional fall related injury ED visits per 10,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Unintentional motor vehicle traffic crash related deaths per 100,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Sedentary lifestyle (adults)</td>
<td></td>
</tr>
<tr>
<td>▲ Soda/sports drink consumption (high school)</td>
<td></td>
</tr>
<tr>
<td>▲ Live births to 15-19 year olds per 1,000 population</td>
<td></td>
</tr>
<tr>
<td>▲ Secondhand smoke exposure (youth)</td>
<td></td>
</tr>
<tr>
<td>▼ Median household income</td>
<td></td>
</tr>
<tr>
<td>▼ Adults with a usual primary care provider</td>
<td></td>
</tr>
<tr>
<td>▼ Adults with visits to a dentist in the past 12 months</td>
<td></td>
</tr>
<tr>
<td>▼ Mammograms females 50+ past two years</td>
<td></td>
</tr>
<tr>
<td>▼ Children with unconfirmed elevated blood lead levels (% among those screened)</td>
<td></td>
</tr>
<tr>
<td>▼ Homes with private wells tested for arsenic</td>
<td></td>
</tr>
<tr>
<td>▼ Always wear seatbelt (adults)</td>
<td></td>
</tr>
<tr>
<td>▼ Always wear seatbelt (high school students)</td>
<td></td>
</tr>
</tbody>
</table>

#### COUNTY HEALTH RANKINGS

- Health outcomes | rank: 16/16
- Length of life | rank: 16/16
- Health factors | rank: 16/16
- Clinical care | rank: 16/16
- Social and economic factors | rank: 16/16
- Health behaviors | rank: 16/16
- Quality of life | rank: 14/16
- Physical environment | rank: 4/16

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See Appendix I for additional information.

*Result may be statistically unreliable due to small numerator.*
HEALTH RESOURCES

Acute and outpatient care

There are two hospitals in Washington County: Calais Regional Hospital and Down East Community Hospital in Machias, both of which are independently owned Critical Access Hospitals (CAH) (Tables 3 and 4). There is one Veteran’s Affairs (VA) site, the Calais Community Based Outpatient Clinic. Washington County has one end-stage renal disease (ESRD) center and no ambulatory surgery centers. See Appendix A (page 20) for a map of acute and ambulatory sites and services in Washington County and the state.

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

Table 3: Washington County | Acute and Outpatient Care

<table>
<thead>
<tr>
<th>ACUTE AND OUTPATIENT CARE</th>
<th>WASHINGTON COUNTY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of sites</td>
<td>Beds per 1,000 population</td>
<td>Number of sites</td>
</tr>
<tr>
<td>Hospitals (all)</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>Critical Access Hospitals</td>
<td>2</td>
<td>1.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACUTE AND OUTPATIENT CARE</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of sites</td>
<td>Sites per 10,000 population</td>
<td>Number of sites</td>
<td>Sites per 10,000 population</td>
</tr>
<tr>
<td>VA Facilities (other than hospital)</td>
<td>1</td>
<td>0.3</td>
<td>16</td>
</tr>
<tr>
<td>ESRD Facilities</td>
<td>1</td>
<td>0.3</td>
<td>17</td>
</tr>
<tr>
<td>Ambulatory Surgery Centers</td>
<td>0</td>
<td>0.0</td>
<td>16</td>
</tr>
<tr>
<td>Emergency Medical Services</td>
<td>14</td>
<td>4.3</td>
<td>271</td>
</tr>
</tbody>
</table>

See Appendix I for a breakdown of data sources.

Calais Regional Hospital and Down East Community Hospital in Machias both offer an array of services consistent with their CAH designations (Table 4).

4A Critical Access Hospital (CAH) is 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.
<table>
<thead>
<tr>
<th>HOSPITAL SERVICES</th>
<th>Calais Regional Hospital</th>
<th>Down East Community Hospital</th>
<th>Washington County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Beds</td>
<td>25</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Total Beds Set Up/Staffed</td>
<td>25</td>
<td>25</td>
<td>50</td>
</tr>
</tbody>
</table>

**SERVICE**

- General Medical/Surgical Care (Adult): x  x  x
- General Medical/Surgical Care (Pediatric): x  x  x
- Outpatient Surgery: x  x  x

**INTENSIVE CARE**

- Medical/Surgical Intensive Care: x  x  x
- Neonatal Intensive Care
- Neonatal Intermediate Care
- Pediatric Intensive Care
- Cardiac Intensive Care

**CARDIOLOGY**

- Adult Cardiology
- Adult Cardiac Surgery
- Adult Interventional Cardiac Cath Lab
- Invasive Cardiology Services
- Cardiac Rehab Care: x  x  x

**DIAGNOSTICS**

- MRI Hospital: x  x  x
- Diagnostic Radioisotope Facility: x  x  x
- Endoscopic Ultrasound: x  x
- Computed Tomography Scanner: x  x  x
- Positron Emission Tomography

**BEHAVIORAL HEALTH**

- Alcohol/Drug Inpatient
- Alcohol/Drug Outpatient
- Psychiatric Inpatient
- Psychiatric Outpatient
- Psychiatric Emergency

**OTHER SERVICES**

- Obstetric Care: x  x  x
- Oncology
- Orthopedics: x  x  x
- Transportation

**Source:** American Hospital Association (AHA) Annual Survey (2012 & 2014). AHA data for hospital-based services was not verified. Hospital-based services actually offered may differ from what is indicated in Table 4. Hospital bed counts were verified with the Medicare Provider of Service File and data from the Maine Department of Licensing and Regulatory Services (DLRS) for hospitals whose AHA bed count included nursing facilities and other discrepancies. See Appendix I for additional information.
WASHINGTON COUNTY

HEALTH RESOURCES

Primary care

Washington County is home to 20 primary care practices, two of which are pediatric practices, located in Machias and Calais. Two of the primary care practices, located in Eastport and Machias, are recognized as patient centered medical homes, while an additional two, located in Harrington and Lubec, are designated as health homes. Washington County has two behavioral health homes, located in Machias and Calais. There are nine federally qualified health centers, of which six are included in the count of primary care practices. Washington County has four rural health clinics, and one school-based health center, located in Calais (Table 5). Community care team (CCT) services are delivered to Washington County health home patients by the Aroostook Mental Health Center’s CCT. The per capita number of primary care practices and federally qualified health center sites in Washington County exceeds that of the state. Maps showing the locations of specific types of primary care practices are provided as Appendices B and C (pages 21 and 22, respectively).

Table 5: Washington County | Primary Care Practices and Sites

<table>
<thead>
<tr>
<th>PRIMARY CARE PRACTICES AND SITES</th>
<th>WASHINGTON COUNTY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of sites</td>
<td>Sites per 10,000 population</td>
</tr>
<tr>
<td>Primary Care Practices¹</td>
<td>20</td>
<td>6.1</td>
</tr>
<tr>
<td>• Patient-Centered Medical Homes</td>
<td>2</td>
<td>0.6</td>
</tr>
<tr>
<td>• Health Homes</td>
<td>2</td>
<td>0.6</td>
</tr>
<tr>
<td>• Federally Qualified Health Center Sites</td>
<td>9</td>
<td>2.8</td>
</tr>
<tr>
<td>• Rural Health Clinics</td>
<td>4</td>
<td>1.2</td>
</tr>
<tr>
<td>Behavioral Health Homes</td>
<td>2</td>
<td>0.6</td>
</tr>
<tr>
<td>Community Care Teams</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>School-Based Health Centers²</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Safety Net Dental Clinics</td>
<td>3</td>
<td>0.9</td>
</tr>
</tbody>
</table>

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

As presented in Table 6, there are three mental health treatment facilities and nine substance abuse treatment facilities in Washington County (one facility offers both). Neither of the two hospitals located in Washington County offer inpatient, outpatient, or emergency mental health and substance abuse services. See Appendix D (page 23) for a map showing locations of mental health treatment facilities, substance abuse facilities, methadone clinics, and buprenorphine providers in Washington County and the state.

Table 6: Washington County  | Behavioral Health

| BEHAVIORAL HEALTH Mental Health and Substance Use Disorder Services | WASHINGTON COUNTY | STATE |
|---|---|---|---|
| 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 | 3 | 0.9 | 181 | 1.4 |
| Substance Abuse Treatment Facilities | 9 | 2.8 | 205 | 1.5 |
| MEDICATION-ASSISTED TREATMENT |
| Methadone Clinics | 1 | 0.3 | 11 | 0.1 |
| Buprenorphine Providers¹ | 10 | 3.1 | 142 | 1.1 |

See Appendix I for a breakdown of data sources. The SAHMSA 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

Washington County has fewer total physicians and primary care physicians per capita than the state average (Table 7). The per capita supply of other clinical health professionals such as psychiatrists, nurse practitioners, physician assistants, registered nurses, dentists, dental hygienists, psychologists, licensed pharmacists, and social workers is somewhat lower than the state average.

Table 7: Washington County | Health Workforce

<table>
<thead>
<tr>
<th>HEALTH CARE WORKFORCE</th>
<th>WASHINGTON COUNTY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per 1,000 population</td>
</tr>
<tr>
<td>Physicians, total professionally active</td>
<td>43</td>
<td>1.3</td>
</tr>
<tr>
<td>• Practicing primary care physicians</td>
<td>19</td>
<td>0.6</td>
</tr>
<tr>
<td>• Psychiatrists</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>• General surgeons</td>
<td>5</td>
<td>0.2</td>
</tr>
<tr>
<td>Nurse practitioners</td>
<td>20</td>
<td>0.6</td>
</tr>
<tr>
<td>Physician assistants</td>
<td>13</td>
<td>0.4</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>190</td>
<td>5.8</td>
</tr>
<tr>
<td>Dentists, total professionally active</td>
<td>14</td>
<td>0.4</td>
</tr>
<tr>
<td>Dental hygienists</td>
<td>18</td>
<td>0.6</td>
</tr>
<tr>
<td>Psychologists</td>
<td>11</td>
<td>0.3</td>
</tr>
<tr>
<td>Pharmacists (licensed)</td>
<td>15</td>
<td>0.5</td>
</tr>
<tr>
<td>Social workers</td>
<td>40</td>
<td>1.2</td>
</tr>
</tbody>
</table>

See Appendix I for a breakdown of data sources.
HEALTH RESOURCES

Long-term services and supports

As shown in Table 8, Washington County has four nursing facilities with a combined 153 licensed beds, for a ratio of 23.2 beds per 1,000 residents aged 65 and older. This is 25.6 percent lower than the average for Maine. There are 22 residential care facilities of various sizes, with a combined 231 licensed beds, for a supply of 7.2 residential care facility beds for every 1,000 Washington County residents, which is higher than the state average of 5.4 beds for every 1,000 residents. Washington County has no assisted living facilities. Two nursing homes offer Alzheimer’s care and support. Maps showing the location of long-term care facilities can be found in appendices E-H (pages 24-27).

Hospice care is provided by two hospice providers listed by 211Maine as operating in Washington County; one of those, Down East Hospice Volunteers, is located in the county. Home health care is provided by two agencies that are located in Washington County, as well as additional agencies based in other counties. There are no adult day programs in the county. Washington County is one of four counties in the service area of the Eastern Area Agency on Aging.

Table 8: Washington County | Long-Term Services and Supports

<table>
<thead>
<tr>
<th>LONG-TERM SERVICES AND SUPPORTS</th>
<th>WASHINGTON COUNTY</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of sites</td>
<td>Bed count</td>
</tr>
<tr>
<td>Nursing Facilities/Skilled Nursing Facilities¹</td>
<td>4</td>
<td>153</td>
</tr>
<tr>
<td>Residential Care Facilities</td>
<td>22</td>
<td>231</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LONG-TERM SERVICES AND SUPPORTS</th>
<th>Number of sites</th>
<th>Sites per 10,000 population</th>
<th>Number of sites</th>
<th>Sites per 10,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Facilities</td>
<td>2</td>
<td>0.6</td>
<td>93</td>
<td>0.7</td>
</tr>
<tr>
<td>Adult Day Programs</td>
<td>0</td>
<td>0.0</td>
<td>36</td>
<td>0.3</td>
</tr>
<tr>
<td>Hospice Providers</td>
<td>2</td>
<td>0.6</td>
<td>29</td>
<td>0.2</td>
</tr>
<tr>
<td>Home Health</td>
<td>2</td>
<td>0.6</td>
<td>55</td>
<td>0.4</td>
</tr>
</tbody>
</table>

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

Washington County is located in the Downeast Maine Public Health District, along with Hancock County. There are two Healthy Maine Partnerships in the Downeast Maine Public Health District. Washington County One Community is the Healthy Maine Partnership in Washington County and is located in Machias.
ACCESS AND INSURANCE

Health care access

Washington County has the highest percentage of residents who do not have a personal doctor or health care provider (17.2 percent). Washington County has the third lowest percentage of residents who visited a dental provider in the last year (54.6 percent), behind Franklin and Knox counties, and the second lowest percentage of women age 50 and older who have gotten a mammogram in the past two years (71.5 percent), behind Hancock and Waldo counties. It has the second lowest percentage of residents who did not get needed medical care due to costs in the past year (9.5 percent), behind Kennebec County (Table 9).

Table 9: Washington County | Health Care Access

<table>
<thead>
<tr>
<th>Health Care Access</th>
<th>Washington County</th>
<th>State</th>
<th>Relative difference¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checkup in past year</td>
<td>69.5</td>
<td>71.8</td>
<td>-3.1</td>
</tr>
<tr>
<td>Adults who have visited dental provider in past year</td>
<td>54.6</td>
<td>64.7</td>
<td>-15.6</td>
</tr>
<tr>
<td>Women 50+ who have had mammogram in past two years</td>
<td>71.5</td>
<td>81.8</td>
<td>-12.7</td>
</tr>
<tr>
<td>No personal doctor or health care provider</td>
<td>17.2</td>
<td>11.6</td>
<td>+48.8</td>
</tr>
<tr>
<td>Did not get needed medical care due to cost in past year</td>
<td>9.5</td>
<td>10.6</td>
<td>-10.8</td>
</tr>
</tbody>
</table>

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 surveys.

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.
WASHINGTON COUNTY

ACCESS AND INSURANCE

Insurance coverage

Washington County has the third highest percentage of uninsured residents of all ages (13.7 percent), behind Hancock and Piscataquis counties, and the third highest percentage of children who are uninsured (7.6 percent), behind Piscataquis and Hancock counties. Among those insured, residents of Washington County are more likely to have a public source of coverage and are less likely to have a private source of coverage than are state residents as a whole.

Table 10: Washington County | Insurance Coverage

<table>
<thead>
<tr>
<th>INSURANCE COVERAGE</th>
<th>Washington County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Civilian noninstitutionalized population</td>
<td>32,065</td>
<td>100.0</td>
</tr>
<tr>
<td>With health insurance coverage</td>
<td>27,686</td>
<td>86.3</td>
</tr>
<tr>
<td>Private source</td>
<td>16,648</td>
<td>60.1</td>
</tr>
<tr>
<td>Public source</td>
<td>16,404</td>
<td>59.3</td>
</tr>
<tr>
<td>Uninsured</td>
<td>4,379</td>
<td>13.7</td>
</tr>
<tr>
<td>Civilian noninstitutionalized population under 18 years</td>
<td>6,364</td>
<td>19.8</td>
</tr>
<tr>
<td>Uninsured</td>
<td>485</td>
<td>7.6</td>
</tr>
</tbody>
</table>

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

5 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.
HEALTH CARE ECONOMY

The health care sector is the largest source of jobs in Washington County, employing 16.8 percent of workers in the region, followed closely by retail trade (16.1 percent), education (12.6 percent), and manufacturing (12 percent). Workers in the health care sector are spread across two hospitals and another 67 establishments that provide nursing and residential care and ambulatory health care services. Relative to the national economy, health care employment is 1.3 times more concentrated in the county, meaning that health care makes up a disproportionately larger share of the county’s economy. In particular, there is a high concentration of workers and establishments in the nursing and residential care facilities industry; two and a half times the number of workers and twice as many establishments than found in the national economy. Employment in hospitals is slightly concentrated for the size of the county relative to the nation.

Overall, the health care sector accounts for 18 percent of total wages in Washington County. Health care workers are paid annual wages of $39,020 on average; 18 percent higher than the average for all employment in the county. Average wages for hospital workers and ambulatory health care services workers are higher than the average annual wage for all industries at $62,858 and $36,681 respectively. However, the average annual wage for ambulatory health care services workers is the second lowest average wage for ambulatory health care services workers in the state. Conversely, the average hospital workers’ salary is the second highest in the state. Nursing and residential care facilities pay average wages of $22,700; the lowest average wage for nursing and residential care workers in the state.

<table>
<thead>
<tr>
<th>INDUSTRY DESCRIPTION</th>
<th>Establishments</th>
<th>Employment</th>
<th>Share of total employment</th>
<th>Concentration</th>
<th>Average annual wage</th>
<th>Relative wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory health care services</td>
<td>48</td>
<td>435</td>
<td>0.04</td>
<td>0.88</td>
<td>$36,681</td>
<td>1.11</td>
</tr>
<tr>
<td>Hospitals</td>
<td>2</td>
<td>483</td>
<td>0.05</td>
<td>1.09</td>
<td>$62,858</td>
<td>1.90</td>
</tr>
<tr>
<td>Nursing and residential care facilities</td>
<td>19</td>
<td>643</td>
<td>0.06</td>
<td>2.54</td>
<td>$22,697</td>
<td>0.68</td>
</tr>
<tr>
<td><strong>Health care total</strong></td>
<td><strong>69</strong></td>
<td><strong>1,561</strong></td>
<td><strong>0.16</strong></td>
<td><strong>1.31</strong></td>
<td><strong>$39,020</strong></td>
<td><strong>1.18</strong></td>
</tr>
<tr>
<td>All industries</td>
<td>1,065</td>
<td>10,002</td>
<td>1.00</td>
<td>1.00</td>
<td>$33,167</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**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—usually the U.S.
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Data Sources: Maine DLRS - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service

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

Washington County

- Ambulatory Surgical Center (0)
- ESRD Facility (1)

Persons per Sq. Mi. by Town (Census 2010)
- 0.1 - 19.9
- 20.0 - 55.6
- 55.7 - 158.7
- 158.8 - 365.6
- 365.7 - 1319.8
- Unpopulated

Washington County

- Ambulatory Surgical Center (16)
- ESRD Facility (17)
- Washington County
- Counties
Federally Qualified Health Center Sites

Washington County

Persons per Sq. Mi. by Town (Census 2010)
- 0.1 - 19.9
- 20.0 - 55.6
- 55.7 - 158.7
- 158.8 - 365.6
- 365.7 - 1319.8
- Unpopulated

This map includes nine FQHC look-alike sites, all located in Lewiston or Auburn in Androscoggin County.

Data Sources: CMS.gov, Maine Primary Care Association - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service
Data Sources: SAMHSA - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service
Nursing Facilities

Washington County

Number of Beds
- 60-89 (1)

Persons per Sq. Mi. by Town (Census 2010)
- 0.1 - 19.9
- 20.0 - 55.6
- 55.7 - 158.7
- 158.8 - 365.6
- 365.7 - 1319.8
- Unpopulated

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

**Washington County**
- Assisted Living Facility (0)

**Persons per Sq. Mi. by Town**
- (Census 2010)
  - 0.1 - 19.9
  - 20.0 - 55.6
  - 55.7 - 158.7
  - 158.8 - 365.6
  - 365.7 - 1319.8
  - Unpopulated

**Statewide**
- Assisted Living Facility (42)
- Washington County
- Counties

Data Sources: ALMS - Facility Addresses; MEGIS - Counties, Towns, Population by Town, NG911 Roads Geocoding Service
Alzheimer’s Care Facilities

Washington County

Nursing Facility (1)
Residential Care Facility (1)
Assisted Living Facility (0)

Persons per Sq. Mi.
by Town
(Census 2010)

0.1 - 19.9
20.0 - 55.6
55.7 - 158.7
158.8 - 365.6
365.7 - 1319.8
Unpopulated

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)
WASHINGTON COUNTY

Appendix I

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.

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.

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, statewide 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.