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# Annual Health Report Card 2013

Maine Center for Disease Control and Prevention

Maine Department of Health and Human Services

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Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention

## Annual Health Report Card

Submitted to the  
Joint Standing Committee on Health and Human Services

June 2013

## **Legislative Mandate**

The Maine Center for Disease Control and Prevention (Maine CDC), in consultation with the Statewide Coordinating Council for Public Health (one part of the State Public Health Infrastructure), is mandated to produce an annual brief report card on health status statewide and for each district by June 1, based on MRS 22 Chapter 152 §413:

*3. Report card on health. The Maine Center for Disease Control and Prevention, in consultation with the Statewide Coordinating Council for Public Health, shall develop, distribute and publicize an annual brief report card on health status statewide and for each district by June 1st of each year. The report card must include major diseases, evidence-based health risks and determinants that impact health.*

*[ 2009, c. 355, §5 (NEW) .]*

## **Acknowledgements**

The following District Report Card was created from the work of epidemiology and quality improvement staff, the eight public health District Coordinating Councils, the Wabanaki public health district, and all of Maine Center for Disease Control and Prevention's (Maine CDC's) public health district liaisons.

On behalf of Maine CDC Director Dr. Sheila Pinette, Sharon Leahy-Lind, the Director of the Division of Local Public Health, Maine CDC served as the editor of this report with support from Stacy Boucher (District Public Health Liaison - Aroostook), Alfred May (District Public Health Liaison - Downeast), and Adam Hartwig (District Public Health Liaison - York). Additional technical assistance was provided by Nancy Birkhimer, Maine CDC's Director of Public Health Performance Improvement.

The State Health Assessment data and results that were used for this report were prepared by the following staff from Maine CDC and the University of Southern Maine (USM): Norm Anderson, Maine CDC; Alison Green-Parsons, USM; Sara Huston, USM; Erika Lichter, USM; Cynthia Mervis, USM; Prashant Mittal, USM; Santosh Nazare, USM; Amy Robbins, Maine CDC; Sara Robinson, Maine CDC; Finn Teach, USM. This report would not have been possible without the combined expertise and efforts of these individuals.

# TABLE OF CONTENTS

I. Introduction .....	4
II. Maine State Health Assessment Overview .....	5
Public Health District Profile Reports .....	6
A. Aroostook District.....	7
B. Central District.....	9
C. Cumberland District.....	11
D. Downeast District.....	13
E. Midcoast District.....	15
F. Penquis District.....	17
G. Western District .....	19
H. York District .....	21
III. Next Steps	
A. State Public Health Improvement Plan Priorities.....	23
B. District Public Health Improvement Plan Priorities .....	24
IV. Contact Information.....	27
Appendix .....	28

## **I. Introduction**

### **The Local Districts**

There are nine public health districts; eight geographical public health districts, created from each of Maine's sixteen counties and one Tribal public health district. District level public health became operational in 2008 with eight geographically-defined districts, each having a district liaison as well as a District Coordinating Council (DCC), with DCC membership consisting of local, regional and district-wide public health partners, stakeholders, consumers, and interested parties. District liaisons are Maine CDC staff located within DHHS district offices to provide public health coordination, leadership, and communication functions between the Maine CDC and the local community. Within most districts, the district liaison works with other Maine CDC field staff, including public health nurses, a regional epidemiologist, drinking water inspectors, and environmental health inspectors to establish a more collaborative working relationship and coordinated governmental public health presence within the district.

### **Wabanaki Public Health District**

While considered a single district, the Tribal District, known as the Wabanaki Public Health District, is comprised of five Tribal jurisdictions representing the MicMac, Maliseet, Penobscot, and Passamaquoddy Tribes. The Wabanaki Public Health District functions in a manner consistent with other established intergovernmental agreements between the State of Maine and the Tribes. The Tribal district liaisons are Tribal employees; however, they take part in State and district level activities when appropriate, including but not limited to sitting on District Coordinating Councils that correspond geographically with the four federally recognized Tribes in Maine.

### **History of the District Public Health Improvement Plans**

The 2008-2009 Maine State Health Plan directed the development of a Health Improvement Plan that was specific to each of Maine's eight DHHS public health districts, as well as the conceptual Tribal public health district. District Public Health Improvement Plans (DPHIP) were first developed by the District Coordinating Councils for Public Health in 2010 and are in the process of being updated. This process is described in Section III of this report.

The Wabanaki Public Health District has not yet completed its first independent District Public Health Improvement Plan. The focus until recently has been on the completion and next steps of the Waponahki Health Assessment, which was administered across the five Tribal communities in Maine, as well as the continued development of the Wabanaki Public Health Infrastructure. Over the past year, the results of the health assessment have been analyzed by the University of New England and a community profile is being prepared for the Passamaquoddy Tribe. There are plans for the coming year to assist the other Wabanaki tribes to also prepare their own individual profiles.

## II. Maine State Health Assessment

The purpose of the 2012 Maine State Health Assessment (SHA) is to provide a broad overview of the health of Mainers, and serve as a resource for state and local organizations and individuals looking for population health data.

Maine CDC created a steering committee of internal subject matter experts who designed and prepared for the assessment process, oversaw the collection and analysis of data, and compiled results. Next, a State Health Assessment (SHA) workgroup was recruited to ensure broad community representation and engagement. The SHA workgroup included local public health departments, university researchers, community coalition representatives, staff from non-profit organizations, and representatives from other offices within the Department of Health and Human Services, as well as other state departments. This diverse group oversaw the steering committee activities and provided recommendations for collecting data and gathering community input.

The 2012 Maine State Health Assessment includes health status indicators in 22 areas with the intent of describing the issues that are affecting health and wellness of people of all ages in Maine. Indicators describe:

- Birth outcomes,
- Causes and rates of death,
- Hospitalizations and emergency room usage,
- Incidence of infectious and chronic diseases,
- Behaviors that affect health, and
- Health care usage and access.

Where possible, the data was also analyzed by county and public health district to provide information on geographic disparities. Due to data and resource limitations, more detailed local analyses were not done for this Assessment, nor were county and public health district data stratified beyond gender.

Once analyzed, data were posted to the Maine CDC website for public commentary and reaction. SHA forums, consisting of district specific data briefs followed by solicitation of feedback, were co-sponsored by District Coordinating Councils in each public health district across the State during October, November and December, 2012. A similar process was undertaken with the State Coordinating Council in December, 2012.

Final State Health Assessment data tables are available on the Maine CDC website for further review at [www.maine.gov/dhhs/mcdc/phdata/sha](http://www.maine.gov/dhhs/mcdc/phdata/sha).

## **Public Health District Profile Reports**

The core of this report to the Joint Standing Committee on Health and Human Services is the following County & District Data Reports for Maine's eight geographically defined public health districts. These were developed based on data in the State Health Assessment, previous District Data Reports, and input from USM epidemiologists and district liaisons.

While reviewing these district level health profiles, it is important to keep several important factors in mind. For instance, health status does not change quickly. More often than not, changes in health status require focused resources and concerted efforts over time before any significant change is noticeable. Often there are conditions, events, and additional demographic factors within Maine's diverse geographic areas that can influence health both directly and indirectly, which will impact a population's health status. In addition, there are certain limitations when using data from a variety of sources. The most recent data available for some of the indicators in these profiles was not available for this current calendar year. For instance, some state and national data have different years available and use different methodologies in collecting and analyzing data; therefore they are not comparable. At times, some of the data available might have limited trends, due to changes in source data collection or methodology. In preparing this assessment, there was a portion of data that required using multiple years for a more accurate analysis, due to small numbers reported for each calendar year. Attached to this briefing in Appendix A are the technical notes that provide more detailed information on data sources and limitations.

Maine's State Health Assessment County and District Data Reports provide an important snapshot of population health status and basic demographic information within the defined geographic public health districts in Maine. The reports include highlighted sections in orange for each district profile where health disparities within a district are noted, i.e., particular health indicators where the district is not doing as well as the State overall. Highlighted in green are the health indicators where the county or public health district is doing significantly better than Maine overall.

Maine CDC is also working with the Tribal liaisons to provide American Indian/Native American data from the State Health Assessment as a supplement to the Wabanaki Health Assessment.

## Aroostook Public Health District



### County and District Data from the 2012 State Health Assessment

### Aroostook District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	District Rate	Maine Rate	US Rate
<b>General health status</b>			
Fair or poor health - adults	23.1%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	4.6	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.3	3.7	NA
<b>Access</b>			
Proportion of persons with a usual primary care provider	82.8%	88.4%	NA
No dental care in past year	41.7%	32.4%	NA
<b>Physical Activity, Nutrition and Weight</b>			
Obesity - adults	29.8%	27.7%	27.5%
Obesity - high school students	14.7%	12.9%	NA
Overweight - high school students	15.4%	15.5%	NA
Sedentary lifestyle - adults	36.4%	22.5%	23.9%
<b>Cardiovascular Health</b>			
High blood pressure	28.7%	30.0%	28.7%
High cholesterol	39.1%	38.8%	37.5%
<b>Diabetes</b>			
Diabetes - adults	12.0%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	68.2%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	132.4	118.4	NA
<b>Respiratory</b>			
Current asthma - adults	9.2%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	8.7%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,450	1,105	NA
COPD hospitalizations per 100,000 population	290.1	198.3	NA
<b>Tobacco Use</b>			
Current smoking - high school students	16.8%	15.5%	NA
Current smoking - adults	23.7%	18.2%	17.2%
<b>Alcohol Use</b>			
Binge drinking - adults	7.8%	14.5%	15.1%
Current alcohol use - high school students	26.9%	28.0%	NA
<b>Infectious Disease</b>			
Influenza Vaccine Coverage - Ages 18 Years and Older	42.8%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	69.7%	71.8%	68.8%
For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visits to KeepME Well.org			
<b>Demographics</b>			
Population	71,870	1,328,361	3.08 mil.
Population ages 0-17	14,384	274,533	0.74 mil.
Population ages 65-74	7,217	112,651	0.21 mil.
Population ages 75+	6,434	98,429	0.17 mil.
Population Density	10.8	43.1	87.4
Population - White, non-Hispanic	95.1%	94.4%	63.7%
Population - Hispanic	0.9% (667)	1.3%	16.3%
Population - Two or more races	1.4% (978)	1.6%	2.9%
Population - American Indian or Alaska Native	1.7% (1227)	0.6%	0.9%



## Aroostook Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	74.6/80.1	78.7	78.6
<b>Oral Health</b>			
Tooth loss to gum disease or tooth decay (6 or more) - adults	27.8%	19.7%	NA
<b>Maternal and Child Health</b>			
Low Birthweight, <2500 grams per 100,000 births	6.4	6.4	8.2
Infant death per 100,000 births	5.4	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	84.8%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	29.4	24.9	34.2
<b>Injury</b>			
Suicide deaths per 100,000 population	13.2	12.6	11.8*
Violence by current or former intimate partners	NA	1.0%*	NA
Rape or attempted rape	5.7%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	11.9	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	14.6	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	8.6	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	8,182	7,325	NA
TBI Hospitalizations per 100,000 population	73.4	82.3	NA
<b>Cancer</b>			
Sigmoid/colonoscopy (ever) - people age 50 & over	74.0%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	79.3%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	89.4%	85.0%	85.0%
Mortality - all cancers per 100,000 population	196.4	196.0	175.8*
Incidence - all cancers per 100,000 population	471.4	496.7	456.4*
<b>Mental Health</b>			
Co-morbidity for persons with mental illness	NA	NA	NA
Lifetime depression - adults	19.3%	21.1%*	NA
Lifetime anxiety - adults	18.2%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.9	12.0	NA
<b>Environmental Health</b>			
Homes with elevated radon	12.7%	14.8%*	NA
Homes with private wells tested for arsenic	30.1%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.3	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	6.3	9.9	NA
<b>Infectious Disease</b>			
Chronic Hepatitis B per 100,000 population	4.2	7.9	NA
Lyme disease incidence per 100,000 population	4.2	75.7	7.9
Salmonellosis incidence per 100,000 population	8.4	10.1	17.6
Pertussis Incidence per 100,000 population	0.0	15.4	8.9
Gonorrhea incidence per 100,000 population	8.4	20.5	100.8
Chlamydia incidence per 100,000 population	166.5	232.9	426.0
HIV incidence per 100,000 population	5.6	4.1	19.7
<b>Additional Socio-Economic Status measures</b>			
People who speak English less than very well, >5 years	3.4%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	15.4%	12.6%	13.8%
No current health insurance	10.6%	10.2%	15.0%
Unemployment	9.5%	7.5%	8.9%
High school graduation rate, 2011	85.2%	83.8%	NA
Persons 25 and older with less than a HS education	16.1%	10.2%	15.0%
Disability status	22.0%	15.7%	12.0%
Veterans Status	13.5%	13.2%	9.9%
65+ living alone	31.1%	29.8%	27.3%

## Central Public Health District



### County and District Data from the 2012 Maine State Health Assessment

#### Central District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Kennebec County	Somerset County	District Rate	Maine Rate	US Rate
<b>General health status</b>					
Fair or poor health - adults	11.8%	17.9%	13.8%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.3	5.1	3.9	3.8	NA
Average number of unhealthy days in the past month (mental health)	4.0	4.4	4.1	3.7	NA
<b>Access</b>					
Proportion of persons with a usual primary care provider	88.6%	85.9%	87.7%	88.4%	NA
No dental care in past year	33.8%	48.8%	38.1%	32.4%	NA
<b>Physical Activity, Nutrition and Weight</b>					
Obesity - adults	28.8%	33.2%	30.2%	27.7%	27.5%
Obesity - high school students	14.7%	13.4%	14.2%	12.9%	NA
Overweight - high school students	18.3%	16.2%	17.6%	15.5%	NA
Sedentary lifestyle - adults	21.6%	24.4%	22.5%	22.5%	23.9%
<b>Cardiovascular Health</b>					
High blood pressure	30.4%	28.2%	29.7%	30.0%	28.7%
High cholesterol	37.4%	37.6%	37.5%	38.8%	37.5%
<b>Diabetes</b>					
Diabetes - adults	8.2%	8.6%	8.3%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	74.6%	NA	72.6%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	122.0	125.6	122.8	118.4	NA
<b>Respiratory</b>					
Current asthma - adults	10.4%	7.1%	9.3%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	5.9%	7.7%	6.5%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	977	1,775	1,211	1,105	NA
COPD hospitalizations per 100,000 population	142.2	244.2	179.9	198.3	NA
<b>Tobacco Use</b>					
Current smoking - high school students	14.5%	17.1%	15.6%	15.5%	NA
Current smoking - adults	19.8%	26.3%	22.0%	18.2%	17.2%
<b>Alcohol Use</b>					
Binge drinking - adults	14.5%	14.3%	14.4%	14.5%	15.1%
Current alcohol use - high school students	23.7%	29.4%	26.1%	28.0%	NA
<b>Infectious Disease</b>					
Influenza Vaccine Coverage - Ages 18 Years and Older	45.4%	40.2%	43.6%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	72.0%	69.3%	71.2%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

<b>Demographics</b>					
Population	122,151	52,228	174,379	1,328,361	3.08 mil.
Population ages 0-17	25,308	11,176	36,484	274,533	0.74 mil.
Population ages 65-74	10,019	4,800	14,819	112,651	0.21 mil.
Population ages 75+	8,941	3,737	12,678	98,429	0.17 mil.
Population Density (people per square mile of land)	140.8	13.3	36.4	43.1	87.4
Population - White, non-Hispanic	95.4%	97.6%	96.1%	94.4%	63.7%
Population - Hispanic	1.2%	0.8%	1.1%	1.3%	16.3%
	(1504)	(409)	(1913)		
Population - Two or more races	1.7% (2068)		1.3% (690)	1.6% (2758)	2.9%

\*Some state and national data is only available by a single year, where as the county and public health district data is for several years aggregated.

NA = not available

## Central Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	Kennebec County	Somerset County	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	75.7/80.4	74.8/79.8	NA	78.7	78.6
<b>Oral Health</b>					
Tooth loss to gum disease or tooth decay (6 or more) - adults	20.1%	27.2%	22.3%	19.7%	NA
<b>Maternal and Child Health</b>					
Low Birth weight, <2500 grams per 100,000 births	6.3	7.6	6.7	6.4	8.2
Infant death per 100,000 births	5.1	6.5	5.5	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	84.6%	78.5%	82.9%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	28.0	39.7	31.4	24.9	34.2
<b>Injury</b>					
Suicide deaths per 100,000 population	11.1	12.4	11.5	12.6	11.8*
Violence by current or former intimate partners	1.5%	NA	2.0%	1.0%*	NA
Rape or attempted rape	7.1%	8.2%	7.4%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	9.9	18.7	12.6	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	14.6	20.5	16.3	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	11.9	9.6	11.3	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,567	8,573	7,869	7,325	NA
TBI Hospitalizations per 100,000 population	82.9	81.0	82.1	82.3	NA
<b>Cancer</b>					
Sigmoid/colonoscopy (ever) - people age 50 & over	77.2%	70.7%	75.2%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	86.0%	84.1%	85.5%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	85.7%	83.8%	85.1%	85.0%	85.0%
Mortality - all cancers per 100,000 population	198.8	202.5	199.9	196.0	175.8*
Incidence - all cancers per 100,000 population	502.3	446.4	485.4	496.7	456.4*
<b>Mental Health</b>					
Co-morbidity for persons with mental illness	47%	NA	46.5%	NA	NA
Lifetime depression - adults	19.6%	23.3%	20.8%	21.1%*	NA
Lifetime anxiety - adults	17.1%	19.5%	17.9%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.4	9.4	11.5	12.0	NA
<b>Environmental Health</b>					
Homes with elevated radon	16.2%	9.8%	14.7%	14.8%*	NA
Homes with private wells tested for arsenic	53.7%	NA	51.3%	NA	NA
Children with elevated blood lead levels per 10,000 population	1.0	1.2	1.0	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	9.0	9.7	9.2	9.9	NA
<b>Infectious Disease</b>					
Chronic Hepatitis B per 100,000 population	8.7	3.8	6.9	7.9	NA
Lyme disease incidence per 100,000 population	105.8	17.3	79.3	75.7	7.9
Salmonellosis incidence per 100,000 population	9.0	5.8	8.0	10.1	17.6
Pertussis Incidence per 100,000 population	4.9	3.8	4.6	15.4	8.9
Gonorrhea incidence per 100,000 population	4.1	1.9	3.4	20.5	100.8
Chlamydia incidence per 100,000 population	287.9	203.7	262.7	232.9	426.0
HIV incidence per 100,000 population	2.5	3.8	2.9	4.1	19.7
<b>Additional Socio-Economic Status measures</b>					
People who speak English less than very well, >5 years	1.2%	0.8%	1.1%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	12.5%	18.4%	14.3%	12.6%	13.8%
No current health insurance	8.3%	11.9%	9.4%	10.2%	15.0%
Unemployment	7.1%	10.4%	8.0%	7.5%	8.9%
High school graduation rate, 2011	83.8%	79.3%	82.2%	83.8%	NA
Persons 25 and older with less than a HS education	9.7%	13.4%	10.9%	10.2%	15.0%
Disability status	16.9%	19.7%	17.7%	15.7%	12.0%
Veterans Status	14.4%	14.3%	14.4%	13.2%	9.9%
65+ living alone	29.3%	28.3%	29.0%	29.8%	27.3%

\*Some state and national data is only available by a single year, where as the county and public health district data is for several years aggregated.

NA = not available

updated 10/22/12

## Cumberland Public Health District



Paul R. LePage, Governor Mary C. Mayhew, Commissioner

### County and District Data from the 2012 Maine State Health Assessment

#### Cumberland District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	District Rate	Maine Rate	US Rate
<b>General health status</b>			
Fair or poor health - adults	10.3%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.0	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.0	3.7	NA
<b>Access</b>			
Proportion of persons with a usual primary care provider	91.0%	88.4%	NA
No dental care in past year	22.5%	32.4%	NA
<b>Physical Activity, Nutrition and Weight</b>			
Obesity - adults	20.3%	27.7%	27.5%
Obesity - high school students	9.6%	12.9%	NA
Overweight - high school students	13.4%	15.5%	NA
Sedentary lifestyle - adults	14.9%	22.5%	23.9%
<b>Cardiovascular Health</b>			
High blood pressure	29.5%	30.0%	28.7%
High cholesterol	37.8%	38.8%	37.5%
<b>Diabetes</b>			
Diabetes - adults	6.1%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	76.4%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	98.7	118.4	NA
<b>Respiratory</b>			
Current asthma - adults	9.2%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	9.3%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	916	1,105	NA
COPD hospitalizations per 100,000 population	144.9	198.3	NA
<b>Tobacco Use</b>			
Current smoking - high school students	13.2%	15.5%	NA
Current smoking - adults	15.1%	18.2%	17.2%
<b>Alcohol Use</b>			
Binge drinking - adults	14.8%	14.5%	15.1%
Current alcohol use - high school students	28.6%	28.0%	NA
<b>Infectious Disease</b>			
Influenza Vaccine Coverage - Ages 18 Years and Older	50.3%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	77.0%	71.8%	68.8%
For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org			
<b>Demographics</b>			
Population	281,674	1,328,361	3.08 mil.
Population ages 0-17	58,894	274,533	0.74 mil.
Population ages 65-74	20,585	112,651	0.21 mil.
Population ages 75+	19,572	98,429	0.17 mil.
Population Density	337.2	43.1	87.4
Population - White, non-Hispanic	91.8%	94.4%	63.7%
Population - Hispanic	1.8% (5045)	1.3%	16.3%
Population - Two or more races	1.8% (5183)	1.6%	2.9%
Population - Black or African American	2.4% (6781)	1.2%	12.6%
Population - Asian	2.0% (5769)	1.0%	4.8%



## Cumberland Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	77.1/81.7	78.7	78.6
<b>Oral Health</b>			
Tooth loss to gum disease or tooth decay (6 or more) - adults	13.2%	19.7%	NA
<b>Maternal and Child Health</b>			
Low Birth weight, <2500 grams per 100,000 births	6.3	6.4	8.2
Infant death per 100,000 births	5.5	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	81.5%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	16.0	24.9	34.2
<b>Injury</b>			
Suicide deaths per 100,000 population	11.9	12.6	11.8*
Violence by current or former intimate partners	0.9%	1.0%*	NA
Rape or attempted rape	8.8%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	7.6	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	8.8	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	11.7	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,150	7,325	NA
TBI Hospitalizations per 100,000 population	89.3	82.3	NA
<b>Cancer</b>			
Sigmoid/colonoscopy (ever) - people age 50 & over	75.2%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	84.6%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	86.7%	85.0%	85.0%
Mortality - all cancers per 100,000 population	190.6	196.0	175.8*
Incidence - all cancers per 100,000 population	483.2	496.7	456.4*
<b>Mental Health</b>			
Co-morbidity for persons with mental illness	43.8%	NA	NA
Lifetime depression - adults	21.3%	21.1%*	NA
Lifetime anxiety - adults	18.3%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.4	12.0	NA
<b>Environmental Health</b>			
Homes with elevated radon	20.0%	14.8%*	NA
Homes with private wells tested for arsenic	51.6%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.9	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	7.9	9.9	NA
<b>Infectious Disease</b>			
Chronic Hepatitis B per 100,000 population	19.1	7.9	NA
Lyme disease incidence per 100,000 population	97.4	75.7	7.9
Salmonellosis incidence per 100,000 population	9.9	10.1	17.6
Pertussis Incidence per 100,000 population	4.2	15.4	8.9
Gonorrhea incidence per 100,000 population	37.9	20.5	100.8
Chlamydia incidence per 100,000 population	264.9	232.9	426.0
HIV incidence per 100,000 population	9.2	4.1	19.7
<b>Additional Socio-Economic Status measures</b>			
People who speak English less than very well, >5 years	2.7%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	10.5%	12.6%	13.8%
No current health insurance	8.7%	10.2%	15.0%
Unemployment	6.0%	7.5%	8.9%
High school graduation rate, 2011	85.3%	83.8%	NA
Persons 25 and older with less than a HS education	6.7%	10.2%	15.0%
Disability status	11.5%	15.7%	12.0%
Veterans Status	10.9%	13.2%	9.9%
65+ living alone	31.7%	29.8%	27.3%

## Downeast Public Health District



Paul R. LePage, Governor Mary C. Mayhew, Commissioner

### County and District Data from the 2012 Maine State Health Assessment

#### Downeast District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Hancock County	Washington County	District Rate	Maine Rate	US Rate
<b>General health status</b>					
Fair or poor health - adults	11.4%	25.0%	16.4%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.4	4.4	3.8	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.8	4.4	4.0	3.7	NA
<b>Access</b>					
Proportion of persons with a usual primary care provider	85.1%	85.7%	85.3%	88.4%	NA
No dental care in past year	28.9%	45.2%	34.9%	32.4%	NA
<b>Physical Activity, Nutrition and Weight</b>					
Obesity - adults	27.0%	36.0%	30.3%	27.7%	27.5%
Obesity - high school students	12.9%	14.0%	13.4%	12.9%	NA
Overweight - high school students	14.2%	15.6%	14.8%	15.5%	NA
Sedentary lifestyle - adults	24.0%	32.0%	27.0%	22.5%	23.9%
<b>Cardiovascular Health</b>					
High blood pressure	30.4%	29.2%	30.0%	30.0%	28.7%
High cholesterol	42.9%	40.1%	42.0%	38.8%	37.5%
<b>Diabetes</b>					
Diabetes - adults	7.8%	12.0%	9.3%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	NA	NA	78.4%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	116.6	154.2	130.9	118.4	NA
<b>Respiratory</b>					
Current asthma - adults	10.0%	15.7%	12.1%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	7.3%	11.3%	8.9%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,297	1,732	1,463	1,105	NA
COPD hospitalizations per 100,000 population	170.4	254.5	203.1	198.3	NA
<b>Tobacco Use</b>					
Current smoking - high school students	14.2%	21.9%	17.0%	15.5%	NA
Current smoking - adults	16.4%	23.1%	18.9%	18.2%	17.2%
<b>Alcohol Use</b>					
Binge drinking - adults	16.5%	13.4%	15.4%	14.5%	15.1%
Current alcohol use - high school students	22.9%	27.1%	24.4%	28.0%	NA
<b>Infectious Disease</b>					
Influenza Vaccine Coverage - Ages 18 Years and Older	43.2%	47.1%	44.6%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	69.9%	65.2%	68.3%	71.8%	68.8%

For a number of reasons, several indicators from the "2010 Call to District Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

<b>Demographics</b>					
Population	54,418	32,856	87,274	1,328,361	3.08 mil.
Population ages 0-17	9,977	6,564	16,541	274,533	0.74 mil.
Population ages 65-74	5,463	3,524	8,987	112,651	0.21 mil.
Population ages 75+	4,474	2,902	7,376	98,429	0.17 mil.
Population Density	34.3	12.8	21.0	43.1	87.4
Population - White, non-Hispanic	96.2%	91.3%	95.6%	94.4%	63.7%
Population - Hispanic	1.1%	1.4%	1.2%	1.3%	16.3%
	(594)	(452)	(1,046)		
Population - Two or more races	1.2%	1.7%	1.4%		
	(633)	(558)	(1,191)	1.6%	2.9%
Population - American Indian or Alaska Native	0.4%	4.9%	2.1%	0.6%	0.9%
	(220)	(1,603)	(1,823)		

## Downeast Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	Hancock County	Washington County	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	76.0/81.3	73.1/80.1	NA	78.7	78.6
<b>Oral Health</b>					
Tooth loss to gum disease or tooth decay (6 or more) - adults	16.1%	28.8%	20.8%	19.7%	NA
<b>Maternal and Child Health</b>					
Low Birth weight, <2500 grams per 100,000 births	5.8	5.3	5.6	6.4	8.2
Infant death per 100,000 births	3.9	4.7	4.2	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	87.7%	83.1%	85.9%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	23.2	38.2	29.2	24.9	34.2
<b>Injury</b>					
Suicide deaths per 100,000 population	11.6	9.8	10.9	12.6	11.8*
Violence by current or former intimate partners	NA	NA	0.5%	1.0%*	NA
Rape or attempted rape	6.0%	8.6%	7.0%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	10.9	12.8	11.7	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	15.5	23.8	18.6	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	11.9	17.2	13.9	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,900	6,620	7,356	7,325	NA
TBI Hospitalizations per 100,000 population	89.7	85.0	87.7	82.3	NA
<b>Cancer</b>					
Sigmoid/colonoscopy (ever) - people age 50 & over	72.6%	67.8%	70.9%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	81.7%	86.1%	83.3%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	86.0%	79.9%	83.9%	85.0%	85.0%
Mortality - all cancers per 100,000 population	205.4	215.3	209.0	196.0	175.8*
Incidence - all cancers per 100,000 population	516.8	562.8	534.3	496.7	456.4*
<b>Mental Health</b>					
Co-morbidity for persons with mental illness	NA	NA	60.6%	NA	NA
Lifetime depression - adults	23.0%	21.6%	22.5%	21.1%*	NA
Lifetime anxiety - adults	17.1%	24.5%	19.8%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.5	9.8	11.4	12.0	NA
<b>Environmental Health</b>					
Homes with elevated radon	18.6%	7.5%	14.9%	14.8%*	NA
Homes with private wells tested for arsenic	54.2%	34.3%	47.5%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.5	0.9	0.7	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	10.3	7.1	9.1	9.9	NA
<b>Infectious Disease</b>					
Chronic Hepatitis B per 100,000 population	3.7	6.1	4.6	7.9	NA
Lyme disease incidence per 100,000 population	78.8	36.8	63.1	75.7	7.9
Salmonellosis incidence per 100,000 population	1.8	3.1	2.3	10.1	17.6
Pertussis incidence per 100,000 population	18.3	3.1	12.6	15.4	8.9
Gonorrhea incidence per 100,000 population	1.8	24.5	10.3	20.5	100.8
Chlamydia incidence per 100,000 population	174.1	254.3	204.1	232.9	426.0
HIV incidence per 100,000 population	1.8	0.0	1.1	4.1	19.7
<b>Additional Socio-Economic Status measures</b>					
People who speak English less than very well, >5 years	0.6%	0.9%	0.7%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	11.5%	19.8%	14.7%	12.6%	13.8%
No current health insurance	15.1%	13.6%	14.5%	10.2%	15.0%
Unemployment	8.6%	10.7%	9.3%	7.5%	8.9%
High school graduation rate, 2011	82.8%	79.8%	81.8%	83.8%	NA
Persons 25 and older with less than a HS education	9.0%	14.8%	11.2%	10.2%	15.0%
Disability status	15.9%	23.0%	18.6%	15.7%	12.0%
Veterans Status	13.2%	15.5%	14.1%	13.2%	9.9%
65+ living alone	30.3%	32.4%	31.1%	29.8%	27.3%

## Midcoast Public Health District



### County and District Data from the 2012 Maine State Health Assessment

### Midcoast District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Knox County	Lincoln County	Sagadahoc County	Waldo County	District Rate	Maine Rate	US Rate
<b>General health status</b>							
Fair or poor health - adults	15.1%	16.1%	12.7%	13.2%	14.3%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.6	4.4	3.4	3.6	3.7	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.3	3.7	3.8	4.9	3.9	3.7	NA
<b>Access</b>							
Proportion of persons with a usual primary care provider	89.8%	87.4%	93.1%	90.7%	90.2%	88.4%	NA
No dental care in past year	30.1%	25.8%	32.6%	33.1%	30.5%	32.4%	NA
<b>Physical Activity, Nutrition and Weight</b>							
Obesity - adults	28.7%	24.1%	23.8%	26.3%	25.8%	27.7%	27.5%
Obesity - high school students	20.1%	NA	18.4%	16.8%	18.1%	12.9%	NA
Overweight - high school students	16.2%	NA	14.0%	18.1%	15.8%	15.5%	NA
Sedentary lifestyle - adults	21.2%	22.8%	18.7%	25.7%	22.2%	22.5%	23.9%
<b>Cardiovascular Health</b>							
High blood pressure	35.8%	31.5%	27.5%	28.9%	31.1%	30.0%	28.7%
High cholesterol	41.8%	40.4%	37.4%	40.3%	40.0%	38.8%	37.5%
<b>Diabetes</b>							
Diabetes - adults	11.4%	8.4%	7.4%	10.0%	9.3%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per yr	NA	NA	NA	NA	68.8	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	110.2	115.1	112.4	114.5	113.0	118.4	NA
<b>Respiratory</b>							
Current asthma - adults	10.6%	12.7%	7.5%	10.3%	10.3%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	7.3%	7.4%	7.8%	9.8%	8.0%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	768	840	902	949	864	1,105	NA
COPD hospitalizations per 100,000 population	172.9	175.4	183.4	176.3	176.6	198.3	NA
<b>Tobacco Use</b>							
Current smoking - high school students	24.1%	NA	17.3%	18.9%	18.9%	15.5%	NA
Current smoking - adults	14.5%	16.1%	13.5%	18.7%	15.8%	18.2%	17.2%
<b>Alcohol Use</b>							
Binge drinking - adults	12.8%	11.8%	14.9%	15.5%	13.8%	14.5%	15.1%
Current alcohol use - high school students	27.7%	NA	29.0%	32.7%	29.8%	28.0%	NA
<b>Infectious Disease</b>							
Influenza Vaccine Coverage - Ages 18 Years and Older	44.3%	48.5%	47.7%	44.7%	46.2%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	74.1%	73.1%	NA	63.7%	69.8%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

<b>Demographics</b>							
Population	39,736	34,457	35,293	38,786	148,272	1,328,361	3.08 mil.
Population ages 0-17	7,710	6,468	7,422	8,147	29,747	274,533	0.74 mil.
Population ages 65-74	3,983	4,022	3,341	3,591	14,937	112,651	0.21 mil.
Population ages 75+	3,611	3,371	2,447	2,689	12,118	98,429	0.17 mil.
Population Density	108.8	75.6	139.1	53.1	82.2	43.1	87.4
Population - White, non-Hispanic	96.5%	97.0%	95.4%	96.6%	96.4%	94.4%	63.7%
Population - Hispanic	0.8%	0.8%	1.3%	0.9%	1.0%	1.3%	16.3%
Population - Two or more races	1.4%	1.1%	1.6%	1.4%	1.4%	1.6%	2.9%



## Midcoast Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	Knox County	Lincoln County	Sagadahoc County	Waldo County	District Rate	Maine Rate	US Rate
Life expectancy (years) (2007)	76.7/81.4	77.3/81.0	76.5/80.5	75.4/80.8	NA	78.7	78.6
<b>Oral Health</b>							
Adults who have lost 6 or more teeth to gum disease or tooth decay	17.4%	18.7%	17.7%	26.7%	20.3%	19.7%	NA
<b>Maternal and Child Health</b>							
Low Birth weight, <2500 grams per 100,000 births	5.1	7.4	5.5	7.7	6.4	6.4	8.2
Infant death per 100,000 births	5.4	3.6	4.7	6.9	5.3	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	90.9%	89.7%	89.0%	84.9%	88.6%	85.4%	NA
Live birth rate per 1,000 females aged 15-19	31.9	21.9	22.8	32.2	27.5	24.9	34.2
<b>Injury</b>							
Suicide deaths per 100,000 population	17.1	14.5	9.7	14.9	14.1	12.6	11.8*
Violence by current or former intimate partners	NA	NA	NA	NA	1.0%	1.0%*	NA
Rape or attempted rape	7.5%	5.4%	6.3%	6.2%	6.4%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	6.7	6.2	5.1	5.6	5.9	11.9	9.2
Motor vehicle crash related deaths per 100,000 pop.	13.5	18.1	13.0	11.6	14.1	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	16.6	10*	8.3*	8.5*	10.9	11.4	11.8
Emergency department visits due to falls among older adults per 10,000 population	7,450	8,772	6,445	7,798	7,691	7,325	NA
TBI Hospitalizations per 10,000 population	96.3	81.3	68.1	72.6	80.7	82.3	NA
<b>Cancer</b>							
Sigmoid/colonoscopy (ever) for people age 50 & over	79.2%	78.2%	76.4%	69.2%	75.7%	74.2%	65.2%
Mammograms in past 2 years for women age 50 & over	85.8%	84.2%	82.2%	76.9%	82.2%	83.6%	77.9%
Pap smears in past three years for women age 18 & over	86.4%	85.9%	88.7%	81.4%	85.5%	85.0%	85.0%
Mortality - all cancers per 100,000 population	177.6	185.2	189.0	197.6	186.7	196.0	175.8*
Incidence - all cancers per 100,000 population	515.9	450.4	440.0	526.7	484.7	496.7	456.4*
<b>Mental Health</b>							
Co-morbidity for persons with mental illness	NA	NA	NA	NA	45.3	NA	NA
Lifetime depression	20.0%	20.4%	21.8%	22.4%	21.2%	21.1%*	NA
Lifetime anxiety	16.1%	12.1%	15.8%	22.0%	16.6%	17.3%*	NA
Alzheimer's disease, & related disorders, or senile dementia per 1,000 population (age-adjusted)	11.3	10.3	10.0	10.0	10.5	12.0	NA
<b>Environmental Health</b>							
Homes with elevated radon	11.2%	16.1%	10.9%	11.2%	12.6%	14.8%*	NA
Homes with private wells tested for arsenic	49.6%	27.7%	NA	45.0%	39.9%	NA	NA
Children with elevated blood lead levels per 10,000	1.5	1.2	1.1	0.9	1.2	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000	6.6	8.7	8.2	10.7	8.1	9.9	NA
<b>Infectious Disease</b>							
Chronic Hepatitis B per 100,000 population	7.6	5.8	2.8	7.7	6.1	7.9	NA
Lyme disease incidence per 100,000 population	259.4	154.9	133.5	64.5	154.2	75.7	7.9
Salmonellosis incidence per 100,000 population	22.7	11.7	2.8	25.8	16.2	10.1	17.6
Pertussis Incidence per 100,000 population	2.5	2.9	5.7	12.9	6.1	15.4	8.9
Gonorrhea incidence per 100,000 population	7.6	5.8	11.4	2.6	6.8	20.5	100.8
Chlamydia incidence per 100,000 population	186.4	131.5	318.1	126.7	188.7	232.9	426.0
HIV incidence per 100,000 population	2.5	0.0	2.8	0.0	1.4	4.1	19.7
<b>Additional Socio-Economic Status measures</b>							
People who speak English less than very well, >5 years	0.4%	0.4%	0.6%	0.3%	0.4%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	12.5%	10.8%	8.8%	14.6%	11.8%	12.6%	13.8%
No current health insurance	13.1%	11.8%	8.2%	14.1%	11.9%	10.2%	15.0%
Unemployment	7.0%	7.1%	6.6%	8.4%	7.3%	7.5%	8.9%
HS graduation rate, 2011	85.6%	85.3%	91.4%	86.3%	87.1%	83.8%	NA
Persons 25 and older with less than a HS education	10.3%	7.6%	8.2%	10.0%	9.1%	10.2%	15.0%
Disability status	18.0%	16.4%	14.1%	17.8%	16.6%	15.7%	12.0%
Veterans Status	14.0%	15.6%	16.7%	14.5%	14.5%	13.2%	9.9%
65+ living alone	31.2%	27.6%	27.5%	29.8%	29.1%	29.8%	27.3%

\* data may be unreliable due to small numbers

## Penquis Public Health District



### County and District Data from the 2012 Maine State Health Assessment

### Penquis District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Penobscot County	Piscataquis County	District Rate	Maine Rate	US Rate
<b>General health status</b>					
Fair or poor health - adults	16.4%	17.3%	16.5%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	4.1	3.8	4.1	3.8	NA
Average number of unhealthy days in the past month (mental health)	4.4	3.6	4.3	3.7	NA
<b>Access</b>					
Proportion of persons with a usual primary care provider	90.7%	86.6%	90.1%	88.4%	NA
No dental care in past year	33.7%	35.2%	33.9%	32.4%	NA
<b>Physical Activity, Nutrition and Weight</b>					
Obesity - adults	34.2%	37.5%	34.7%	27.7%	27.5%
Obesity - high school students	15.0%	18.9%	15.4%	12.9%	NA
Overweight - high school students	17.3%	13.3%	16.9%	15.5%	NA
Sedentary lifestyle - adults	23.9%	16.1%	22.7%	22.5%	23.9%
<b>Cardiovascular Health</b>					
High blood pressure	32.2%	37.5%	32.9%	30.0%	28.7%
High cholesterol	35.3%	44.9%	36.5%	38.8%	37.5%
<b>Diabetes</b>					
Diabetes - adults	10.7%	12.1%	10.9%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	NA	NA	86.6%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	148.0	175.2	150.8	118.4	NA
<b>Respiratory</b>					
Current asthma - adults	11.6%	11.0%	11.5%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	10.5%	14.8%	11.0%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,044	1,147	1,049	1,105	NA
COPD hospitalizations per 100,000 population	288.4	210.6	278.6	198.3	NA
<b>Tobacco Use</b>					
Current smoking - high school students	17.1%	16.4%	17.0%	15.5%	NA
Current smoking - adults	15.7%	22.1%	16.6%	18.2%	17.2%
<b>Alcohol Use</b>					
Binge drinking - adults	14.0%	10.9%	13.6%	14.5%	15.1%
Current alcohol use - high school students	30.3%	27.9%	30.1%	28.0%	NA
<b>Infectious Disease</b>					
Influenza Vaccine Coverage - Ages 18 Years and Older	51.1%	41.7%	49.7%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	79.4%	NA	78.2%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

<b>Demographics</b>					
Population	153,923	17,535	171,458	1,328,361	3.08 mil.
Population ages 0-17	30,355	3,365	33,720	274,533	0.74 mil.
Population ages 65-74	11,696	2,021	13,717	112,651	0.21 mil.
Population ages 75+	10,557	1,543	12,100	98,429	0.17 mil.
Population Density	45.3	4.4	23.3	43.1	87.4
Population - White, non-Hispanic	94.7%	96.3%	94.8%	94.4%	63.7%
Population - Hispanic	1.1% (1620)	1.0% (169)	1.0% (1789)	1.3%	16.3%
Population - Two or more races	1.5% (2349)	1.2% (208)	1.5% (2557)	1.6%	2.9%
Population - American Indian and Alaska Native	1.2% (1809)	0.5% (92)	1.1% (1901)	0.6%	0.9%

## Penquis Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	Penobscot County	Piscataquis County	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	75.0/80.1	74.3/80.5	NA	78.7	78.6
<b>Oral Health</b>					
Tooth loss to gum disease or tooth decay (6 or more) - adults	19.0%	27.4%	20.3%	19.7%	NA
<b>Maternal and Child Health</b>					
Low Birth weight, <2500 grams	6.4%	7.7%	6.5%	6.4%	8.2%
Infant death per 100,000 births	5.9	4.3	5.8	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	88.0%	84.0%	87.7%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	23.0	31.4	23.7	24.9	34.2
<b>Injury</b>					
Suicide deaths per 100,000 population	13.5	21.2	14.3	12.6	11.8*
Violence by current or former intimate partners	NA	NA	0.8%	1.0%*	NA
Rape or attempted rape	6.0%	4.5%	5.8%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	15.3	18.1	15.5	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	9.8	10.8*	9.9	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	14.3	10.2*	13.9	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	5,951	6,209	5,982	7,325	NA
TBI Hospitalizations per 100,000 population	84.3	56.3	81.2	82.3	NA
<b>Cancer</b>					
Sigmoid/colonoscopy (ever) - people age 50 & over	72.3%	66.2%	71.2%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	88.6%	75.2%	86.1%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	81.9%	86.2%	82.5%	85.0%	85.0%
Mortality - all cancers per 100,000 population	205.8	225.8	208.3	196.0	175.8*
Incidence - all cancers per 100,000 population	537.2	522.5	535.5	496.7	456.4*
<b>Mental Health</b>					
Co-morbidity for persons with mental illness	NA	NA	63.9%	NA	NA
Lifetime depression - adults	25.5%	24.4%	25.3%	21.1%*	NA
Lifetime anxiety - adults	17.4%	23.3%	18.3%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.4	9.5	12.0	12.0	NA
<b>Environmental Health</b>					
Homes with elevated radon	7.7%	NA	8.9%	14.8%*	NA
Homes with private wells tested for arsenic	31.3%	NA	30.2%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.7	1.9	0.8	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	6.7	9.6	7.0	9.9	NA
<b>Infectious Disease</b>					
Chronic Hepatitis B per 100,000 population	3.3	0.0	2.9	7.9	NA
Lyme disease incidence per 100,000 population	7.2	34.4	9.9	75.7	7.9
Salmonellosis incidence per 100,000 population	3.3	5.7	3.5	10.1	17.6
Pertussis Incidence per 100,000 population	89.1	103.3	90.5	15.4	8.9
Gonorrhea incidence per 100,000 population	13.7	0.0	12.3	20.5	100.8
Chlamydia incidence per 100,000 population	187.3	137.8	182.2	232.9	426.0
HIV incidence per 100,000 population	2.0	0.0	1.8	4.1	19.7
<b>Additional Socio-Economic Status measures</b>					
People who speak English less than very well, >5 years	1.0%	0.8%	1.0%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	15.7%	16.2%	15.7%	12.6%	13.8%
No current health insurance	10.1%	NA	NA	10.2%	15.0%
Unemployment	8.1%	10.4%	8.3%	7.5%	8.9%
High school graduation rate, 2011	83.7%	81.3%	83.5%	83.8%	NA
Persons 25 and older with less than a HS education	10.5%	11.7%	10.6%	10.2%	15.0%
Disability status	16.5%	NA	NA	15.7%	12.0%
Veterans Status	12.0%	15.9%	12.4%	13.2%	9.9%
65+ living alone	29.9%	30.1%	29.9%	29.8%	27.3%
* data may be unreliable due to small numbers					

## Western Public Health District



### County and District Data from the 2012 Maine State Health Assessment

### Western District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Androscoggin County	Franklin County	Oxford County	District Rate	Maine Rate	US Rate
<b>General health status</b>						
Fair or poor health - adults	15.4%	14.8%	16.0%	15.5%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	4.0	5.6	3.9	4.3	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.5	3.8	3.9	3.7	3.7	NA
<b>Access</b>						
Proportion of persons with a usual primary care provider	89.3%	89.2%	89.2%	89.3%	88.4%	NA
No dental care in past year	37.4%	31.9%	39.2%	37.0%	32.4%	NA
<b>Physical Activity, Nutrition and Weight</b>						
Obesity - adults	26.0%	33.5%	25.4%	27.1%	27.7%	27.5%
Obesity - high school students	13.5%	10.3%	15.0%	13.7%	12.9%	NA
Overweight - high school students	19.6%	20.0%	17.4%	18.8%	15.5%	NA
Sedentary lifestyle - adults	24.0%	18.3%	21.9%	22.3%	22.5%	23.9%
<b>Cardiovascular Health</b>						
High blood pressure	31.3%	28.2%	27.5%	29.5%	30.0%	28.7%
High cholesterol	39.7%	40.8%	38.1%	39.4%	38.8%	37.5%
<b>Diabetes</b>						
Diabetes - adults	8.9%	9.2%	9.2%	9.0%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	NA	89.2%	81.8%	76.6%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	136.8	128.9	121.8	131.0	118.4	NA
<b>Respiratory</b>						
Current asthma - adults	8.9%	8.3%	9.9%	9.1%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	10.4%	11.1%	9.9%	10.4%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,177	546	1,087	1,057	1,105	NA
COPD hospitalizations per 100,000 population	220.2	318.7	262.2	248.1	198.3	NA
<b>Tobacco Use</b>						
Current smoking - high school students	14.9%	12.1%	17.2%	15.4%	15.5%	NA
Current smoking - adults	13.7%	16.7%	21.5%	16.8%	18.2%	17.2%
<b>Alcohol Use</b>						
Binge drinking - adults	11.0%	21.4%	18.2%	15.1%	14.5%	15.1%
Current alcohol use - high school students	24.6%	31.2%	28.6%	26.8%	28.0%	NA
<b>Infectious Disease</b>						
Influenza Vaccine Coverage - Ages 18 Years and Older	47.2%	45.7%	47.1%	46.9%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	65.9%	78.9%	NA	68.0%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org


<b>Demographics</b>						
Population	107,702	30,768	57,833	196,303	1,328,361	3.08 mil.
Population ages 0-17	24,308	6,047	12,317	42,672	274,533	0.74 mil.
Population ages 65-74	7,856	2,921	5,306	16,083	112,651	0.21 mil.
Population ages 75+	7,328	2,239	4,537	14,104	98,429	0.17 mil.
Population Density	230.2	18.1	27.8	46.3	43.1	87.4
Population - White, non-Hispanic	91.9%	96.6%	96.1%	78.3%	94.4%	63.7%
Population - Hispanic	1.5%	1.0%	1.0%	1.3%	1.3%	16.3%
	(1669)	(315)	(587)	(2571)		
Population - Two or more races	2.0%	1.4%	1.5%	1.8%	1.6%	2.9%
	(2156)	(437)	(890)	(3483)		
Population - Black or African-American	3.6%	0.2%	0.4%	2.1%	1.2%	12.6%
	(3931)	(71)	(212)	(4214)		



## Western Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	Androscoggin County	Franklin County	Oxford County	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	75.2/79.9	76.1/80.3	74.5/80.0	NA	78.7	78.6
<b>Oral Health</b>						
Tooth loss to gum disease or tooth decay (6 or more) - adults	21.6%	21.4%	24.4%	22.4%	19.7%	NA
<b>Maternal and Child Health</b>						
Low Birth weight, <2500 grams per 100,000 births	6.4	7.3	6.9	6.6	6.4	8.2
Infant death per 100,000 births	6.3	5.7	6.0	6.1	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	89.1%	81.1%	87.0%	87.6%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	38.3	19.5	30.0	32.2	24.9	34.2
<b>Injury</b>						
Suicide deaths per 100,000 population	10.9	12.1	12.1	11.4	12.6	11.8*
Violence by current or former intimate partners	NA	3.9%	NA	1.5%	1.0%*	NA
Rape or attempted rape	6.6%	4.9%	7.5%	6.5%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	15.2	15.0	14.1	14.9	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	9.6	18.2	18.4	13.5	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	10.7	6.7*	11.5	10.2	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,890	8,611	7,155	7,764	7,325	NA
TBI Hospitalizations per 100,000 population	93.9	81.0	103.4	94.6	82.3	NA
<b>Cancer</b>						
Sigmoid/colonoscopy (ever) - people age 50 & over	70.9%	68.7%	72.2%	70.9%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	84.0%	80.5%	75.9%	80.9%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	85.1%	77.9%	86.0%	84.0%	85.0%	85.0%
Mortality - all cancers per 100,000 population	192.3	215.0	213.3	201.5	196.0	175.8*
Incidence - all cancers per 100,000 population	491.5	506.3	527.6	503.4	496.7	456.4*
<b>Mental Health</b>						
Co-morbidity for persons with mental illness	NA	NA	NA	48.0%	NA	NA
Lifetime depression - adults	21.4%	15.6%	20.8%	20.2%	21.1%*	NA
Lifetime anxiety - adults	15.7%	15.5%	16.8%	16.0%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.1	10.6	9.0	10.9	12.0	NA
<b>Environmental Health</b>						
Homes with elevated radon	13.9%	10.9%	7.2%	11.3%	14.8%*	NA
Homes with private wells tested for arsenic	40.9%	NA	34.0%	35.4%	NA	NA
Children with elevated blood lead levels per 10,000	2.0	1.1	1.0	1.6	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	18.1	12.3	25.8	19.3	9.9	NA
<b>Infectious Disease</b>						
Chronic Hepatitis B per 100,000 population	6.5	3.3	1.7	4.6	7.9	NA
Lyme disease incidence per 100,000 population	54.0	19.5	48.5	47.0	75.7	7.9
Salmonellosis incidence per 100,000 population	15.8	16.3	10.4	14.3	10.1	17.6
Pertussis Incidence per 100,000 population	0.9	3.3	5.2	2.6	15.4	8.9
Gonorrhea incidence per 100,000 population	85.7	0.0	10.4	50.0	20.5	100.8
Chlamydia incidence per 100,000 population	340.8	227.7	161.2	270.1	232.9	426.0
HIV incidence per 100,000 population	1.9	6.5	0.0	2.0	4.1	19.7
<b>Additional Socio-Economic Status measures</b>						
People who speak English less than very well, >5 years	3.5%	1.2%	0.9%	2.4%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	14.3%	15.5%	13.2%	14.2%	12.6%	13.8%
No current health insurance	9.8%	11.0%	11.8%	10.6%	10.2%	15.0%
Unemployment	7.5%	9.4%	9.7%	8.4%	7.5%	8.9%
High school graduation rate, 2011	79.0%	80.9%	84.3%	81.1%	83.8%	NA
Persons 25 and older with less than a HS education	13.6%	12.3%	12.5%	13.1%	10.2%	15.0%
Disability status	15.9%	17.1%	18.0%	16.7%	15.7%	12.0%
Veterans Status	13.9%	11.5%	14.6%	13.7%	13.2%	9.9%
65+ living alone	30.8%	28.6%	27.7%	29.4%	29.8%	27.3%
* data may be unreliable due to small numbers						

## York Public Health District



Maine Center for Disease  
Control and Prevention  
An Office of the  
Department of Health and Human Services  
Paul R. Joffe, Director     Mary C. Mayhew, Commissioner

# County and District Data from the 2012 Maine State Health Assessment

## York District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	District Rate	Maine Rate	US Rate
<b>General health status</b>			
Fair or poor health - adults	12.5%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.5	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.7	3.7	NA
<b>Access</b>			
Proportion of persons with a usual primary care provider	89.7%	88.4%	NA
No dental care in past year	28.9%	32.4%	NA
<b>Physical Activity, Nutrition and Weight</b>			
Obesity - adults	28.8%	27.7%	27.5%
Obesity - high school students	11.6%	12.9%	NA
Overweight - high school students	15.6%	15.5%	NA
Sedentary lifestyle - adults	22.2%	22.5%	23.9%
<b>Cardiovascular Health</b>			
High blood pressure	28.7%	30.0%	28.7%
High cholesterol	40.2%	38.8%	37.5%
<b>Diabetes</b>			
Diabetes - adults	7.4%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	84.0%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	94.7	118.4	NA
<b>Respiratory</b>			
Current asthma - adults	9.7%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	9.3%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,286	1,105	NA
COPD hospitalizations per 100,000 population	158.6	198.3	NA
<b>Tobacco Use</b>			
Current smoking - high school students	15.5%	15.5%	NA
Current smoking - adults	19.7%	18.2%	17.2%
<b>Alcohol Use</b>			
Binge drinking - adults	16.8%	14.5%	15.1%
Current alcohol use - high school students	29.3%	28.0%	NA
<b>Infectious Disease</b>			
Influenza Vaccine Coverage - Ages 18 Years and Older	49.0%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	72.0%	71.8%	68.8%
For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org			
<b>Demographics</b>			
Population	197,131	1,328,361	3.08 mil.
Population ages 0-17	42,091	274,533	0.74 mil.
Population ages 65-74	16,306	112,651	0.21 mil.
Population ages 75+	14,047	98,429	0.17 mil.
Population Density	199.0	43.1	87.4
Population - White, non-Hispanic	95.6%	94.4%	63.7%
Population - Hispanic	1.3% (2478)	1.3%	16.3%
Population - Two or more races	1.4% (2731)	1.6%	2.9%
Population - Asian	1.1% (2096)	1.0%	4.8%
Population - Black or African American	0.6% (1108)	1.2%	12.6%

## York Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	77.0/81.5	78.7	78.6
<b>Oral Health</b>			
Tooth loss to gum disease or tooth decay (6 or more) - adults	17.0%	19.7%	NA
<b>Maternal and Child Health</b>			
Low Birth weight, <2500 grams per 100,000 births	6.5	6.4	8.2
Infant death per 100,000 births	5.7	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	86.7%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	20.1	24.9	34.2
<b>Injury</b>			
Suicide deaths per 100,000 population	13.7	12.6	11.8*
Violence by current or former intimate partners	2.3%	1.0%*	NA
Rape or attempted rape	5.3%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	12.4	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	11.3	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	11.0	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,045	7,325	NA
TBI Hospitalizations per 100,000 population	64.6	82.3	NA
<b>Cancer</b>			
Sigmoid/colonoscopy (ever) - people age 50 & over	78.5%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	85.7%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	85.7%	85.0%	85.0%
Mortality - all cancers per 100,000 population	186.3	196.0	175.8*
Incidence - all cancers per 100,000 population	486.6	496.7	456.4*
<b>Mental Health</b>			
Co-morbidity for persons with mental illness	44.6%	NA	NA
Lifetime depression - adults	19.5%	21.1%*	NA
Lifetime anxiety - adults	15.3%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	11.0	12.0	NA
<b>Environmental Health</b>			
Homes with elevated radon	13.8%	14.8%*	NA
Homes with private wells tested for arsenic	43.7%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.9	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	8.6	9.9	NA
<b>Infectious Disease</b>			
Chronic Hepatitis B per 100,000 population	4.5	7.9	NA
Lyme disease incidence per 100,000 population	99.9	75.7	7.9
Salmonellosis incidence per 100,000 population	13.1	10.1	17.6
Pertussis Incidence per 100,000 population	2.5	15.4	8.9
Gonorrhea incidence per 100,000 population	7.6	20.5	100.8
Chlamydia incidence per 100,000 population	237.6	232.9	426.0
HIV incidence per 100,000 population	4.5	4.1	19.7
<b>Additional Socio-Economic Status measures</b>			
People who speak English less than very well, >5 years	1.8%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	8.5%	12.6%	13.8%
No current health insurance	9.3%	10.2%	15.0%
Unemployment	6.8%	7.5%	8.9%
High school graduation rate, 2011	84.2%	83.8%	NA
Persons 25 and older with less than a HS education	9.9%	10.2%	15.0%
Disability status	13.5%	15.7%	12.0%
Veterans Status	13.4%	13.2%	9.9%
65+ living alone	27.9%	29.8%	27.3%

### III. Next Steps

Beginning in 2012, stakeholders throughout the state along with Maine CDC, the Statewide Coordinating Council for Public Health (SCC), and representatives from District Coordinating Councils (DCC) designed a planning framework and process for selecting priorities and developing a Maine State Health Improvement Plan (SHIP). Around the same time, the DCCs for each public health district began the task of revisiting and updating priorities for the District Public Health Improvement Plans (DPHIPs) for the eight geographically defined public health districts.

During the summer months of 2013, priority area workgroups are developing objectives, strategies and measures for the statewide priorities for the SHIP. Adhering somewhat to this same timeline, objectives, strategies and measures for DPHIP priorities will be discerned, updated, incorporated within existing plans by DCCs, and implemented locally on the district level.

#### **State Health Improvement Plan (SHIP) Priorities**

Maine's State Health Improvement Plan will represent a long-term, systematic effort to address public health problems as identified in the results of the *State Health Assessment*, the *State Public Health System Assessment*, the *OneMaine Community Health Needs Assessment*, and additional input and information available during the development of the plan. SHIP development is being driven in part by the Maine CDC's effort toward achieving national state public health agency accreditation.

The SHIP will be a plan used by the entire public health system in Maine. An important role for this plan is to engage all stakeholders including state and local government, health care providers, employers, community groups, universities and schools, environmental groups, and many more to set priorities, coordinate and focus resources, and promote Maine's statewide health improvement agenda for the period covering July 2013-June 2017. This plan is critical for developing policies and defining actions to promote efforts that improve health for all Maine people. The SHIP enables Maine's system partners to join together to coordinate for more efficient, streamlined and integrated health improvement efforts. Maine's SHIP will define the vision for the health of the state through a collaborative process intended to harness the strengths of statewide partnerships and opportunities to improve the health status of Maine people, while addressing the weaknesses, challenges and obstacles that stand in the way of improved health.

During the latter part of year 2012 and beginning months of year 2013, Maine Department of Health and Human Services leadership approved the process for SHIP priority selection and endorsed the framework established for plan development. The SCC provided simultaneous reviews and acceptance and helped further define the proposed criteria for selecting SHIP priorities with statewide members, stakeholders, and other interested parties offering expertise and guidance in moving this important statewide planning initiative forward. In March of 2013, the SCC accepted the final priorities chosen for the SHIP and assisted Maine CDC in identifying and recruiting workgroup members for the plan's six core priority areas. The final SHIP will be introduced in July 2013 and implementation will begin during mid to late summer of 2013.



## Selection Criteria Established for SHIP Priorities

Categorical selection criteria	Infrastructure selection criteria
<ol style="list-style-type: none"> <li>1. Magnitude of measure disparity between various groups (e.g., county versus other county, state, or federal comparisons; comparisons between various groups)</li> <li>2. Economic burden on the population, using mortality rates, prevalence, and incidence as proxy measures</li> <li>3. Integration with primary care, behavioral health care and hospitals</li> <li>4. Alignment with national, state or local health objectives, including organizational strategic goals</li> <li>5. Effectiveness of Interventions</li> <li>6. Feasibility of Implementation of Interventions</li> </ol>	<ol style="list-style-type: none"> <li>7. Alignment with national, state or local health objectives, including organizational strategic goals</li> <li>8. Effectiveness of Improvements</li> <li>9. Feasibility of Implementation of Improvements</li> <li>10. Time and money that could be saved with infrastructure improvements</li> <li>11. Magnitude of measure disparity between various groups (between public health districts, using the local public health system assessments, Maine versus the national averages)</li> <li>12. Integration with primary care, behavioral health care and hospitals</li> </ol>

## Maine's State Health Improvement Plan (SHIP) Priorities 2013-2017

SHIP Categorical Priorities	SHIP Infrastructure Priorities
Tobacco	Mobilize Community Partnerships
Substance Abuse & Mental Health	Inform, Educate and Empower
Obesity	
Immunization	

## District Public Health Improvement Plans (DPHIP) Priorities

The purpose of the DPHIP is to address specific and unique strengths and health needs of all the communities within each District with plans to revisit and update priorities and plans every two years. Each DPHIP serves as the public health planning document that explores opportunities for significant public health improvements. The plan is organized, focused, and driven by data that is applicable at the district level and comparable across the State. By partnering personal health care systems and public health system performance, a functional district-wide public health system emerged that is adding significant value from a population health platform. Wherever possible, DCC district level priorities and plans are coordinated with the SHIP, while building upon the strengths and partnerships reflective of each district's unique opportunities and challenges.

Concurrent and coordinating efforts with statewide planning and the Maine CDC and SCCs effort to identify priorities and develop the process and framework for the SHIP, the DCCs in each public health district began moving into their second two-year phase. Each DPHIP will be the result of the collective thinking and engagement of local cohorts committed to improving health across each public health district. District level plans have been prioritized based on a

variety of data/indicator sources. Along with a DCC review of the County and District Data Reports for each public health district, the DCCs also reviewed and considered results for priority-setting from the *One Maine Health Community Health Needs Assessment*, the *County Health Rankings*, and the *Healthy Maine Partnerships' Community Health Improvement Plans* and began revisiting, selecting, and updating the DPHIP priorities within their respective geographic areas.

Next year at this time, an update on implementation progress and achievements of District Public Health Improvement Plan priorities will be included in the annual report.

### **District Public Health Improvement Plan Priorities for 2013 to 2015**

<b>District: Aroostook</b>	
<b>Categorical Priorities</b>	<b>Infrastructure Priorities</b>
Not applicable	Inform, Educate and Empower
	Mobilize Community Partnerships
	Link people to needed public health services and assure the provision of health care when otherwise unavailable
	Assure competent public health and personal health care workforce
	Evaluate effectiveness, accessibility, and quality of personal and population-based health services
	Research for new insights and innovative solutions to health problems

<b>District: Central</b>	
<b>Categorical Priorities</b>	<b>Infrastructure Priorities</b>
Mental Health and Substance Abuse	Not Applicable
Oral Health	
Physical Activity	

<b>District: Cumberland</b>	
<b>Categorical Priorities</b>	<b>Infrastructure Priorities</b>
Influenza Vaccination	Not Applicable
Health Equity	
Healthy Homes	
Obesity/Nutrition/Physical Activity	
Public Health Preparedness	
STDs/Reproductive Health	
Substance Abuse/Mental Health	
Tobacco	

District: Downeast	
Categorical Priorities	Infrastructure Priorities
Environmental Health	Inform, Educate and Empower
Clinical Health Systems	Link people to needed personal health services and assure the provision of health care when otherwise unavailable
Food Policy and Access	

District: Midcoast	
Categorical Priorities	Infrastructure Priorities
Process Underway-Not available * <i>See end note</i>	Process Underway-Not available

District: Penquis	
Categorical Priorities	Infrastructure Priorities
Obesity/Diabetes	Communication and Education
Poverty/Adverse Childhood Experiences (ACES)	

District: Western	
Categorical Priorities	Infrastructure Priorities
Influenza vaccine for adults	Link people to needed personal health services and assure the provision of health care when otherwise unavailable
Pneumococcal vaccine people 65 & older	Mobilize Community Partnerships to identify and solve health problems

District: York	
Categorical Priorities	Infrastructure Priorities
Public Health Emergency Preparedness	Inform, Educate, and Empower
Physical Activity/Nutrition/Obesity	Mobilize Community Partnerships to identify and solve health problems
Behavioral Health	

*\*Please note that the Midcoast public health district has been without a Maine CDC District Liaison (DL) since December 2012. The recruitment process for hiring a DL for this district is underway. Meanwhile, Maine CDC staff from the Cumberland and Western Districts have taken on additional responsibilities and are currently assisting Midcoast partners in revisiting priorities and updating the DPHIP. This process will be completed during the upcoming months.*

#### **IV. Contact Information**

For more information on the District Public Health Improvement Plans, please contact:

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For more information on the State Health Assessment, County and District Data Reports, and the State Health Improvement Plan, please contact

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## APPENDIX A

### District Data from the 2012 Maine State Health Assessment, Including Updates to the "2010 Call to District Action"

\*Some state and national data is only available by a single year, whereas the county and public health district data is for several years aggregated.

NA = not available

Orange = significantly worse than Maine

Green = significantly better than Maine

Indicator	Data source	Year(s)	Other notes
General health status			
Fair or poor health - adults	BRFSS	2010	Some reports analyze this question by the percent of people with =>11 or =>14 unhealthy days
Average number of unhealthy days in the past month (physical health)	BRFSS	2010	
Average number of unhealthy days in the past month (mental health)	BRFSS	2010	
Access			
Proportion of persons with a usual primary care provider	BRFSS	2010	Self-reported (someone you think of as your personal doctor or health care provider)
No dental care in past year	BRFSS	2010	Includes any dental care, preventive or otherwise
Physical Activity, Nutrition and Weight			
Obesity - adults	BRFSS	2010	Self-reported, based on BMI
Obesity - high school students	MIYHS	2009	Self-reported, based on BMI
Overweight - high school students	MIYHS	2009	Self-reported, based on BMI
Sedentary lifestyle - adults	BRFSS	2010	No leisure-time physical activity
Cardiovascular Health			
High blood pressure	BRFSS	2009	
High cholesterol	BRFSS	2009	
Diabetes			
Diabetes - adults	BRFSS	2010	
Adults with diabetes who have had a A1c test 2x per year	BRFSS	2008-2010	3 years of data aggregated
Diabetes hospitalizations per 100,000 population (principal diagnosis)	MHDO	2007-2009	3 years of data aggregated
Respiratory			
Current asthma - adults	BRFSS	2010	
Current asthma - children and youth (ages 0-17)	BRFSS	2010	
Bronchitis and Asthma ED visits per 100,000 population	MHDO	2009	
COPD hospitalizations per 100,000 population	MHDO	2009	

Indicator	Data source	Year(s)	Other notes
<b>Tobacco Use</b>			
Smoking - high school students	MIYHS	2009	
Current smoking - adults	BRFSS	2010	
<b>Alcohol Use</b>			
Binge drinking - adults	BRFSS	2010	
Alcohol use - high school students	MIYHS	2009	
<b>Infectious Disease</b>			
Influenza Vaccine Coverage - Ages 18 Years and Older	BRFSS	2010	In the last 12 months
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	BRFSS	2010	Ever
<b>Demographics</b>			
Population	US Census	2010	
Population ages 0-17	US Census	2010	
Population ages 65-74	US Census	2010	
Population ages 75+	US Census	2010	
Population Density (people per square mile of land)	US Census	2010	
Population - White, non-Hispanic	US Census	2010	
Population - Hispanic	US Census	2010	
Population - Two or more races	US Census	2010	
<b>Other Key Health Indicators from the 2012 Maine State Health Assessment</b>			
Life expectancy in years (M/F, for 2007)	Kaiser Family Foundation	2007	Only sex-specific data is presented for county and public health districts
<b>Oral Health</b>			
Tooth loss to gum disease or tooth decay (6 or more) - adults	BRFSS	2010	
<b>Maternal and Child Health</b>			
Low Birthweight, <2500 grams per 100,000 births	Maine DRVS	2008-2010	3 years of data aggregated
Infant death per 100,000 births	Maine DRVS	2000-2009	10 years of data aggregated
Live births, for which the mother received early & adequate prenatal care	Maine DRVS	2008-2010	3 years of data aggregated - Kotelchuck scale
Teen birth rate per 1,000 females aged 15-19	Maine DRVS	2006-2010	5 years of data aggregated

Indicator	Data source	Year(s)	Other notes
<b>Injury</b>			
Suicide deaths per 1000,000 population	Maine DRVS		5 years of data aggregated
Violence by current or former intimate partners	BRFSS	2007, 2008, 2010	3 years of data aggregated
Rape or attempted rape	BRFSS	2007, 2008, 2010	3 years of data aggregated
Non-fatal child maltreatment per 1,000 population	US DHHS ACF, ACYF, Children's Bureau	2010	Maine DHHS provides information to US DHHS
Motor vehicle crash related deaths per 100,000 population	Maine DRVS	2005-2009	5 years of data aggregated
Unintentional poisoning deaths per 100,000 population	Maine DRVS	2005-2009	5 years of data aggregated
Emergency department visits due to falls among older adults per 100,000 population	MHDO	2009	
TBI Hospitalizations per 100,000 population	MHDO	2007-2009	3 years of data aggregated
<b>Cancer</b>			
Sigmoid/colonoscopy (ever) - people age 50 & over	BRFSS	2010	
Mammograms in past two years - women age 50 & over	BRFSS	2010	
Pap smears in past three years - women age 18 & over	BRFSS	2010	
Mortality - all cancers per 100,000 population	Maine Cancer Registry	2004-2008	5 years of data aggregated
Incidence - all cancers per 100,000 population	Maine Cancer Registry	2007-2009	3 years of data aggregated
<b>Mental Health</b>			
Co-morbidity for persons with mental illness	BRFSS	2009	People who report ever being diagnosed with depression or anxiety AND have diabetes, asthma or hypertension; County data suppressed due to small numbers
Lifetime depression - adults	BRFSS	2010	
Lifetime anxiety - adults	BRFSS	2010	
Alzheimer's disease, dementia & related disorders per 1,000 population	Maine All Payor Claims Database (MHDO)	2006	Medicare data is not available for more recent years
<b>Environmental Health</b>			
Homes with elevated radon (2006, 2007 & 2010)	BRFSS	2006, 2007 & 2010	3 years of data aggregated
Homes with private wells tested for arsenic	BRFSS	2009	County data suppressed due to small numbers
Children with elevated blood lead levels per 10,000 population	Maine Lead Poisoning Prevention Program	2006-2010	5 years of data aggregated
Carbon monoxide poisoning ED visits per 100,000 population	MHDO	2005-2009	5 years of data aggregated

Indicator	Data source	Year(s)	Other notes
<b>Infectious Disease</b>			
Chronic Hepatitis B per 100,000 population	Maine CDC HIV/STD/Viral Hepatitis Program	2011	
Lyme disease incidence per 100,000 population	Maine CDC Infectious Disease Epidemiology Program	2011	
Salmonellosis incidence per 100,000 population	Maine CDC Infectious Disease Epidemiology Program	2011	
Pertussis Incidence per 100,000 population	Maine CDC Infectious Disease Epidemiology Program	2011	
Gonorrhea incidence per 100,000 population	Maine CDC Infectious Disease Epidemiology Program	2011	
Chlamydia incidence per 100,000 population	Maine CDC HIV/STD/Viral Hepatitis Program	2011	
HIV incidence per 100,000 population	Maine CDC HIV/STD/Viral Hepatitis Program	2011	
<b>Additional Socio-Economic Status measures</b>			
People who speak English less than very well, >5 years	US Census	2010	
Poverty - total under 100% of the Federal Poverty Level	US Census	2010	
No current health insurance	US Census	2010	
Unemployment	US BLS	2010	
HS graduation rate, 2011	Maine DOE	2010	
Persons 25 and older with less than a HS education	US Census	2010	
Disability status	US Census	2010	
Veterans Status	US Census	2010	
65+ living alone	US Census	2010	

BRFSS = Behavioral Risk Factor Surveillance System

Maine DOE = Maine Department of Education

Maine DRVS = Maine CDC Data Research and Vital Statistics (birth and death records)

MHDO = Maine Health Data Organization (inpatient and outpatient hospital records)

MIYHS = Maine integrated Youth Health Survey

US BLS = United States Bureau of Labor Statistics

US Census = United States Census, some data is from the American Community Survey, other data is drawn from American Fact Finder

US DHHS ACF,ACYF = US Department of health and Human Services, Administration for Children and Families, Administration for Children Youth and Families