

# CUMBERLAND COUNTY

# HEALTH PROFILE

Maine Shared Community Health

Needs Assessment

October 18, 2024

# Table of Contents

<b>Introduction</b> .....	<b>1</b>
<b>Data Commitments</b> .....	<b>1</b>
<b>Data Criteria</b> .....	<b>1</b>
<b>Data Limitations, Gaps, &amp; Considerations</b> .....	<b>2</b>
<b>Data Changes</b> .....	<b>3</b>
<b>Data Discrepancies</b> .....	<b>3</b>
<b>How To Read This Document</b> .....	<b>5</b>
<b>Data for Cumberland County and Topics</b> .....	<b>6</b>
Demographics.....	6
Social Drivers of Health .....	6
General Health Status .....	9
Overall Mortality .....	9
Access .....	9
Health Care Quality .....	10
Cancer.....	10
Cardiovascular Disease.....	12
Diabetes.....	12
Respiratory Health.....	13
Physical Activity, Nutrition, and Weight .....	13
Pregnancy and Birth Outcomes.....	15
Children with Special Health Care Needs.....	15
Cognitive Health .....	15
Arthritis.....	16
Environmental Health .....	16
Immunization .....	16
Infectious Disease.....	16
Unintentional Injury .....	17
Intentional Injury.....	18
Mental Health.....	19
Oral Health .....	19

Substance Use .....	20
Tobacco Use .....	22
Lesbian, Gay, Bisexual (High School Students).....	23
Population by Disability by Type .....	23
Children by Disability by Type .....	23
Language Spoken.....	24
Income.....	24
Employment by Industry/Trade .....	25
Household by Type .....	25
Number of Vehicles by Household .....	26
Commute by Transportation Type .....	26
Age of Housing Stock.....	26
Heating Fuel Type.....	27
Leading Cause of Death.....	27
<b>Acknowledgements.....</b>	<b>28</b>
<b>Appendix A: New and Retired Indicators .....</b>	<b>29</b>
<b>Appendix B: Data Sources and Definitions.....</b>	<b>32</b>

## Introduction

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative partnership between Central Maine Healthcare, Northern Light Health, MaineGeneral Health, MaineHealth, the Maine Center for Disease Control and Prevention, and the Maine Community Action Partnership. By engaging and learning from people and communities and through data analysis, the partnership aims to improve the health and well-being of all people living in Maine. This is the sixth collaborative Maine Shared CHNA.

The mission of the Maine Shared CHNA is to:

- Create Shared CHNA reports,
- Engage and activate communities, and
- Support data-driven improvements in health and well-being for all people living in Maine.

These data profiles, as well as additional information and data, can be found online at the Maine Shared CHNA's website – [www.mainechna.org](http://www.mainechna.org).

## Data Commitments

The Maine Shared CHNA uses a set of data stewardship guidelines to ensure data is collected, analyzed, shared, published, and stored in a transparent and responsible manner. Included in these guidelines is a commitment to promote data equity in data collection, analyses, and reporting. These include a commitment to:

- Correctly assign the systemic factors that compound and contribute to health behaviors and health outcomes rather than social or demographic categories. We will use a systems-level approach when discussing inequities to avoid judging, blaming, and/or marginalizing populations.
- Lead with and uplift the assets, strengths, and resources when discussing populations and communities, specifically with qualitative data collection.
- Report results in an actionable form to improve the lives of those represented in the data.
- Acknowledge missing data and data biases and limitations.
- Identify and address important issues for which we lack data.
- Empower professionals and community members to use data to improve their work and their communities.
- Share data with communities affected by challenges to share analysis, reporting and ownership of findings.

## Data Criteria

The Metrics Committee, one of two standing Committees of the Maine Shared CHNA, is charged with reviewing and revising a common set of population and community health and well-being indicators and measures every three years. This cycle and the past two have used the following criteria to guide an extensive review of the data:

- Describes an emerging health issue;
- Describes one or more social drivers of health;

- Measures an issue that is actionable;
- The issue is known to have high health and social costs;
- Rounds out our description of population health;
- Aligns with national health assessments (i.e.: County Health Rankings, American Health Rankings, Healthy People);
- The data is less than two years old;
- The data has been included the previous data set; and/or
- The Maine CDC analyzes the indicator in a current program.

Additionally, the Metrics Committee, Maine CDC, and Crescendo Consulting Group (the Maine Shared CHNA vendor) reviewed the data to check for changes in data sources and definitions, potential new sources of data, and any discrepancies or errors in the data.

## **Data Limitations, Gaps, & Considerations**

Quantitative data collection and analysis has several benefits, including the ability to see health and well-being trends over time. The Maine Shared CHNA draws on many data sets at the state and national level. Some of these include self-reported surveys while others are reports of health and well-being care and utilization rates. Each methodology has its own advantages and disadvantages and both have limitations in response options and sample sizes.

The data sets used by the Maine Shared CHNA follow federal reporting guidelines and responses for race, ethnicity, sexual orientation, and gender identity, which may not encompass nor resonate with everyone and leave them without an option that represents their identity. Additionally, for some demographics, the numbers may be too small to have data disaggregated at certain levels, specifically the city and county level. Small sample sizes may pose the risk of unreliable or identifiable data. Both a lack of comprehensive response options and small sample sizes can lead to a gap in data analysis and reporting and leave some populations and communities underrepresented or missing entirely. The Maine Shared CHNA generally relies on state-level data for more reliable estimates with less suppression. This implies an assumption that disparities found at the state level have similar patterns for smaller geographical areas, which does not account for the unique characteristics of populations throughout the state.

These data limitations may result in programming and policies that do not meet the needs of certain populations. To try to account for some of these gaps and complement the quantitative data, the Maine Shared CHNA engaged in an extensive community engagement process. That process and the results are outlined in the Community Engagement Overviews.

Specific data changes and limitations relevant to the 2024 Maine Shared CHNA data analysis are further described below.

## Data Changes

This cycle brought a number of new indicators to the data set with the addition of the Maine Community Action Partnership to the Maine Shared CHNA collaborative, specifically related to social drivers of health. Social drivers of health are policies, systems, structures, life experiences, and social supports that influence a person's health. Previous versions of the Maine Shared CHNA have used the term social determinants of health. Because we are including more indicators in this area, the large group of social drivers of health has been broken into sub-topics, including income and employment, education, housing, transportation, child care, and childhood experiences. These and other changes were made based on currently available data and reviews by the Metrics Committee, Maine CDC, and Crescendo Consulting Group (the Maine Shared CHNA vendor). New indicators, indicator changes, and retired indicators are listed in Appendix A: New and Retired Indicators.

## Data Discrepancies

### COVID's Impact

The COVID-19 pandemic impacted health and well-being behaviors, utilization of health care, and health and well-being outcomes, among other things. Although we have mostly emerged from the pandemic, we are still experiencing a myriad of lingering effects and impacts from it. These impacts are now being reflected in a multitude of data sets from roughly 2020 through 2023. Rather than exclude data collected during the pandemic, unless advised by the data source, we encourage readers to interpret data collected during the pandemic with this context in mind and that it may not be representative of a non-pandemic year.

### Hospitalizations and Emergency Department Rates

Due to delays in the final Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets for 2022 and 2023 the data profiles include data only through 2021 for hospitalizations, which is presented as the most recent data available for comparison. The most recent analysis for emergency department rates is for 2019 and these are presented as baseline data ("Point 1"), with no data provided for more up to date comparisons ("Point 2"). The profiles will be amended in March 2025 with updated hospitalization and emergency department data.

### Substance Use Indicators

Every ten years the National Survey on Drug Use and Health (NSDUH) updates its survey methodology and analysis. Because of these changes, they recommend not trending 2021-2022 data with any years before it. Their survey methodology was also adapted during the COVID-19 pandemic leading to recommendations to not compare 2019 data to 2020 data. Of data that NSDUH is providing, only state level and not county level data is available. The Maine Shared CHNA has updated our data indicators to "reset" the trend for data collected in 2021-2022 and beyond; therefore, this cycle's profiles will not demonstrate a trend.

Additionally, NSDUH is not releasing some data due to methodological and analytical concerns, impacting four indicators the Maine Shared CHNA has historically included. These are: "adults with mental health disorders who receive treatment;" "12-17 year olds with major depressive disorder who receive treatment;" "adults who needed and did not receive treatment for illicit drug use;" and "adults who needed and did not receive treatment for alcohol use." These indicators will not be included but will be supplemented with other indicators we already analyze and two additional NSDUH indicators:

“did not receive substance use treatment in the past year among those classified as needing treatment” and “classified as needing substance use treatment in the past year.”

### **Health Equity Profiles**

The Maine Shared CHNA highlights populations and geographies that experience disparate health and well-being outcomes due to social and institutional inequities through a community engagement process and health equity data profiles. Due to limitations in data availability, health equity profiles on rurality and disability status will not be ready until December 2024. Additionally, some health equity profiles may include fewer indicators than others given data availability, suppressed data rates, and what is and is not collected at the state and national level. As noted above, disparities are generally only analyzed at the state level. The Maine Shared CHNA website and dashboard will be updated as data is available and analyzed.

## How To Read This Document

This document provides more than 250 health and well-being indicators that describe demographics, health outcomes and behaviors, and conditions that influence our health and well-being. The data come from more than 30 sources and represent the most recent information available and analyzed as of July 2024. Data from several years is often combined to ensure there is enough data to draw conclusions. County comparisons are made in several ways: between two time periods; to the state; and to the U.S. The two time periods can be found within the tables under columns marked, “Point 1” and “Point 2.” The majority of comparisons are based on 95% confidence intervals. In some instances, a 90% confidence interval is used and is noted with a “#” symbol. A 95% confidence interval is a way to say that if this indicator were measured over and over for the same population, we are 95% confident that the true value among the total population falls within the given range/interval. When the confidence intervals of two measurements do not overlap, the difference between them is statistically significant. Where confidence intervals were not available, no indicator of significant difference has been made.

The tables use symbols to show whether there are important changes in each indicator over time, and to show if local data is notably better or worse than the state or the U.S. Additional symbols are used to note when data may be too small for statistical reliability and suppressed due to a small number of responses and when data is pending (available at a later date) or unavailable.

See the box below for a key to the symbols:

CHANGE shows statistically significant changes in the indicator over time, based on 95% confidence interval (see description above).	
★	means the health issue or problem is getting better over time.
!	means the health issue or problem is getting worse over time.
○	means the change was not statistically significant.
N/A	means there is not enough data to make a comparison.
#	means compared at 90% Confidence Interval.
BENCHMARK compares Cumberland data to state and national data, based on 95% confidence interval (see description above).	
★	means Cumberland is doing significantly better than the state or national average.
!	means Cumberland is doing significantly worse than the state or national average.
○	means there is no statistically significant difference between the data points.
N/A	means there is not enough data to make a comparison.
#	means compared at 90% Confidence Interval.
ADDITIONAL SYMBOLS	
*	means results may be statistically unreliable due to small numbers, use caution when interpreting.
~	means suppressed data due to a small number of respondents.
^	means data is pending.
—	means data is unavailable.



Data in this report are presented as either rates, percentages, numbers, or ratios.

- For data that is represented as a percentage, the “%” symbol appears with the data point. The most common conditions and behaviors are presented as percentages.
- When the health condition, behavior, or outcome is less common, the numbers are presented as rates per 1,000, 10,000, or 100,000 people. For indicators that are a rate, look below the indicator name to see the rate denominator (per 1,000 or per 10,000, etc.). The less common the health condition, behavior, or outcome is, the larger the denominator.
- For a few indicators, a denominator is not available, and the data is presented as a number.
- For health care provider availability, the standard measure is a ratio, representing 1 provider for the specified number of people in the population.

## Data for Cumberland County

Indicator	Cumberland County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Demographics</b>							
Population (percent of total Maine population)	2015-2019 22.0%	2017-2021 22.2%	N/A	—	N/A	—	N/A
Veterans	2015-2020 7.2%	2017-2021 7.0%	○	2017-2021 9.2%	!	2021 6.4%	★
Gay, lesbian and bisexual (adults)	2011-2015 & 2017 4.4%	2011-2015 & 2017 5.4%	○	2017-2021 5.1%	○	—	N/A
Transgender youth	2021 4.0%	2023 4.6%	○	2023 4.5%	○	—	N/A
Transgender adults	—	2017-2021 1.2%	N/A	2017-2021 1.4%	○	—	N/A
Persons with a disability	2015-2019 11.4%	2017-2021 11.3%	★	2021 15.5%	N/A	2021 13.0%	N/A
Foreign born	2015-2019 6.1%	2018-2022 6.4%	N/A	2018-2022 3.8%	N/A	2018-2022 13.7%	N/A
Limited English Proficiency	2015-2019 2.5%	2018-2022 2.3%	N/A	2018-2022 1.5%	N/A	2018-2022 8.2%	N/A
<b>Social Drivers of Health</b>							
People living in rural areas	2019 33.3%	—	N/A	—	N/A	—	N/A
Individuals living in poverty	2015-2019 9.0%	2017-2021 7.8%	○	2017-2021 11.0%	★	2021 12.8%	★
Percentage of households living below the federal poverty level	—	—	N/A	—	N/A	—	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Social Drivers of Health (continued)</b>							
Children living in poverty	2019 9.2%	2018-2022 6.9%	N/A	2018-2022 13.4%	N/A	2018-2022 16.7%	N/A
School-aged children living below 185% of poverty	—	—	N/A	—	N/A	—	N/A
Households living above the federal poverty level but below the Asset Limited Income Constrained Employed threshold of financial survival	2019 28.9%	2022 29.2%	N/A	2022 30.2%	N/A	—	N/A
Households living above the Asset Limited Income Constrained Employed threshold of financial survival	2019 63.3%	2022 63.1%	N/A	2022 58.0%	N/A	—	N/A
Asset poverty (insufficient net worth to live without income at or above the poverty level for three months)	—	2021 16.0%	N/A	2021 18.0%	N/A	2021 19.0%	N/A
Median household income	2015-2019 \$73,072	2017-2021 \$80,679	★	2017-2021 \$63,182	★	2021 \$69,717	★
Unemployment	2020 5.3%	2023 2.3%	N/A	^	N/A	2023 3.6%	N/A
High school student graduation	2020 87.9%	2022-2023 85.9%	N/A	2023 87.3%	N/A	—	N/A
Associate's degree or higher among those age 25 and older	2019 56.3%	2018-2022 59.3%	N/A	2018-2022 44.4%	N/A	2018-2022 43.1%	N/A
Households that spend more than 50% of income toward housing	2019 12.8%	2018-2022 12.0%	N/A	2018-2022 11.3%	N/A	2018-2022 14.1%	N/A
Households receiving emergency rental assistance	—	—	N/A	2023 8,262	N/A	—	N/A
Median gross rent	2015-2019 \$1,131	2018-2022 \$1,389	N/A	2018-2022 \$853	N/A	2018-2022 \$1,062	N/A
Median housing value	2015-2019 \$278,100	2018-2022 \$372,900	N/A	2018-2022 \$244,800	N/A	2018-2022 \$281,900	N/A
Total housing units	2015-2019 144,470	2018-2022 149,869	N/A	2018-2022 741,803	N/A	2018-2022 140,943,613	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Social Drivers of Health (continued)</b>							
Housing units that are either vacant or for rent	—	—	N/A	2022 1.6%	N/A	2022 2.5%	N/A
Housing occupancy	2015-2019 83.5%	2018-2022 85.5%	N/A	2018-2022 78.2%	N/A	2018-2022 89.2%	N/A
Owner-occupied housing	2015-2019 69.3%	2018-2022 69.9%	N/A	2018-2022 73.5%	N/A	2018-2022 64.8%	N/A
Owner-occupied households without mortgage	2015-2019 31.1%	2018-2022 34.6%	N/A	2018-2022 40.2%	N/A	2018-2022 38.5%	N/A
65+ living alone	2019 29.8%	2018-2022 29.7%	N/A	2018-2022 29.5%	N/A	2018-2022 27.2%	N/A
Household with no phone services	2015-2019 1.7%	2018-2022 0.9%	N/A	2018-2022 0.9%	N/A	2018-2022 1.0%	N/A
Total households with a broadband subscription	2015-2019 87.2%	2018-2022 90.8%	N/A	2018-2022 87.3%	N/A	2018-2022 88.3%	N/A
Total households with a computer	2015-2019 92.8%	2018-2022 94.7%	N/A	2018-2022 92.9%	N/A	2018-2022 94.0%	N/A
Available shelter beds	—	—	N/A	—	N/A	—	N/A
Housing insecure (high school students)	2019 2.8%	2023 2.9%	○	2023 2.6%	○	—	N/A
No vehicle for the household	2015-2019 2.6%	2017-2021 2.8%	○	2017-2021 2.1%	○	2021 4.1%	★
Commute of greater than 30 minutes driving alone	2019 31.4%	2018-2022 31.5%	N/A	2018-2022 34.0%	N/A	2018-2022 36.8%	N/A
Children served in publicly funded state and local preschools	2019 17.2%	2023 26.6%	N/A	2023 48.5%	N/A	—	N/A
Head Start eligible infants, toddlers, preschool age children	2015-2019 9.1%	2017-2021 6.6%	N/A	2017-2021 14.9%	N/A	2017-2021 18.4%	N/A
Children served by Child Development Services	—	—	N/A	2021 97.7%	N/A	—	N/A
Children served by Child Developmental Services Home Visiting	—	—	N/A	—	N/A	—	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Social Drivers of Health (continued)</b>							
Children served by Maine Home Visiting	2019 276	2023 266	N/A	2023 1,698	N/A	—	N/A
Families served by Maine Home Visiting	—	—	N/A	2022 1,653	N/A	—	N/A
Child care centers	2020 205	2024 197	N/A	2024 783	N/A	—	N/A
Family child care programs	2020 164	2024 119	N/A	2024 683	N/A	—	N/A
Head Start teachers hourly wage average	—	—	N/A	2021-2022 \$17.91	N/A	2021-2022 \$19.23	N/A
Head Start teacher assistants hourly wage average	—	—	N/A	2021-2022 \$13.14	N/A	2021-2022 \$12.52	N/A
Adverse childhood experiences (high school students)	2019 17.6%	2023 21.5%	○	^	N/A	—	N/A
Children in foster care	2019 4.7	2024 5.9	N/A	—	N/A	—	N/A
<b>General Health Status</b>							
Fair or poor health (self-rated)	2015-2017 10.0%	2019-2021 10.8%	○	2019-2021 15.3%	★	2019-2021 14.8%	★
14 or more days lost due to poor physical health	2015-2017 10.1%	2019-2021 9.3%	○	2019-2021 11.6%	★	2021 11.0%	★
14 or more days lost due to poor mental health	2015-2017 11.8%	2019-2021 13.4%	○	2021 14.0%	○	2021 14.7%	○
Three or more chronic conditions	2015-2017 12.8%	2019-2021 17.0%	N/A	2019-2021 16.0%	○	—	N/A
Life expectancy	2019 80.2	2019-2021 79.8	N/A	2019-2021 78.6	★	—	N/A
<b>Overall Mortality</b>							
Overall death rate per 100,000 population	2015-2019 692.1	2018-2022 709.6	○	2018-2022 844.3	★	2019 715.2	○
Rate of years of potential life lost per 100,000 population	2016-2018 5,625.8	—	N/A	2016-2018 7,099.9	N/A	2016-2018 6,900	N/A
<b>Access</b>							
Uninsured	2015-2019 5.8%	2017-2021 5.5%	○	2017-2021 7.4%	★	2021 8.6%	★
Ratio of population to primary care physicians	2019 1,018	2024 730	N/A	2024 1,047	N/A	—	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Access (continued)</b>							
Usual primary care provider (adults)	2015-2017 88.1%	2019-2021 90.4%	○	2021 87.5%	★	2020 76.9%	★
Primary care visit to any primary care provider in the past year	2015-2017 73.0%	2019-2021 79.7%	★	2019-2021 79.0%	○	2020 74.7%	★
Child preventative visits	—	—	N/A	2021-2022 88.0%	N/A	2021-2022 76.8%	N/A
Cost barriers to health care	2015-2017 9.1%	2019-2021 8.7%	○	2019-2021 9.7%	○	2021 9.9%	○
<b>Health Care Quality</b>							
Ambulatory care-sensitive condition hospitalizations per 10,000 population	2016-2018 42.6	2019-2021 31.6	★	2019-2021 42.8	★	—	N/A
Ambulatory care-sensitive condition emergency department rate per 10,000 population	2016-2018 191	—	N/A	2018 273.7	N/A	—	N/A
<b>Cancer</b>							
All cancer deaths per 100,000 population	2015-2019 149.6	2018-2022 143.2	○	2018-2022 159.9	★	—	N/A
Colorectal cancer deaths per 100,000 population	2015-2019 11.4	2018-2022 10.6	○	2018-2022 12.7	○	2021 12.8	○
Female breast cancer deaths per 100,000 population	2015-2019 17.3	2018-2022 16.8	○	2018-2022 16.7	○	2019 19.4	○
Lung cancer deaths per 100,000 population	2015-2019 37.7	2018-2022 33.3	★	2018-2022 40.2	★	2020 31.8	!
Prostate cancer deaths per 100,000 population	2015-2019 16.0	2018-2022 17.1	○	2018-2022 19.9	○	—	N/A
Tobacco-related cancer deaths per 100,000 population	2015-2019 47.5	2018-2022 46.8	○	2018-2022 52.8	★	—	N/A
All cancer new cases per 100,000 population	2015-2019 449.8	2019-2021 442.2	N/A	2019-2021 476.0	N/A	2019 438.6	N/A
Bladder cancer new cases per 100,000 population	2016-2018 23.9	2019-2021 22.9	N/A	2019-2021 26.4	N/A	2019 18.3	N/A
Colorectal cancer new cases per 100,000 population	2016-2018 32.0	2019-2021 31.7	N/A	2019-2021 35.0	N/A	2019 36.3	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Cancer (continued)</b>							
Female breast cancer new cases per 100,000 population	2016-2018 <b>137.7</b>	2019-2021 <b>144.4</b>	N/A	2019-2021 <b>135.4</b>	N/A	—	N/A
Lung cancer new cases per 100,000 population	2016-2018 <b>58.5</b>	2019-2021 <b>52.1</b>	N/A	2019-2021 <b>65.3</b>	N/A	2019 <b>52.9</b>	N/A
Melanoma skin cancer new cases per 100,000 population	2016-2018 <b>30.7</b>	2019-2021 <b>28.7</b>	N/A	2019-2021 <b>26.6</b>	N/A	2019 <b>22.7</b>	N/A
Prostate cancer new cases per 100,000 population	2016-2018 <b>89.4</b>	2019-2021 <b>99.7</b>	N/A	2019-2021 <b>106.2</b>	N/A	2019 <b>111.6</b>	N/A
Tobacco-related cancer (excluding lung cancer) new cases per 100,000 population	2016-2018 <b>121.2</b>	2019-2021 <b>123.8</b>	N/A	2019-2021 <b>137.2</b>	N/A	2019 <b>125</b>	N/A
HPV-associated cancer new cases per 100,000 population	2016-2018 <b>12.6</b>	2019-2021 <b>15.2</b>	N/A	2019-2021 <b>15.4</b>	N/A	2018 <b>12.6</b>	N/A
Obesity-associated cancer (excluding colon cancer) new cases per 100,000 population	2016-2018 <b>130.7</b>	2019-2021 <b>131.4</b>	N/A	2019-2021 <b>138.3</b>	N/A	2018 <b>134.2</b>	N/A
Alcohol-associated new cancer cases per 100,000 population	2017-2019 <b>131.7</b>	2019-2021 <b>136.1</b>	N/A	2019-2021 <b>135.4</b>	N/A	—	N/A
Colorectal late-stage new cases per 100,000 population	2016-2018 <b>18.1</b>	2019-2021 <b>16.3</b>	N/A	2019-2021 <b>20.7</b>	N/A	2017 <b>21.5</b>	N/A
Female breast cancer late-stage new cases per 100,000 population	2016-2018 <b>40.5</b>	2019-2021 <b>42.5</b>	N/A	2019-2021 <b>41.2</b>	N/A	—	N/A
Lung cancer late-stage new cases per 100,000 population	2016-2018 <b>41.2</b>	2019-2021 <b>32.3</b>	N/A	2019-2021 <b>42.2</b>	N/A	2018 <b>35.2</b>	N/A
Breast cancer screening up-to-date	2014&2016 <b>84.6%</b>	2018 & 2020 <b>84.7%</b>	○	2018 & 2020 <b>82.0%</b>	○	2020 <b>78.3%</b>	★
Cervical cancer screening up-to-date	2014&2016 <b>83.9%</b>	2018 & 2020 <b>82.6%</b>	○	2018 & 2020 <b>81.6%</b>	○	2020 <b>77.6%</b>	★
Colorectal cancer screening up-to-date	2014&2016 <b>78.9%</b>	2020 <b>86.7%</b>	N/A	2020 <b>81.2%</b>	★	2020 <b>74.3%</b>	★
Lung cancer screening rate among eligible adults	2017-2020 <b>11.6%*</b>	2018-2021 <b>14.6%*</b>	○	2020-2021 <b>18.7%</b>	○	—	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Cardiovascular Disease</b>							
Cardiovascular disease deaths per 100,000 population	2015-2019 169.2	2018-2022 171.4	○	2018-2022 200.4	★	2021 231.8	★
Coronary heart disease deaths per 100,000 population	2015-2019 60.5	2018-2022 61.1	○	2018-2022 82.0	★	2021 92.8	★
Heart attack deaths per 100,000 population	2015-2019 19.0	2018-2022 15.6	★	2018-2022 24.6	★	2021 26.8	★
Stroke deaths per 100,000 population	2015-2019 30.4	2018-2022 27.4	○	2018-2022 29.4	○	2021 41.1	★
High blood pressure hospitalizations per 10,000 population	2016-2018 12.1	2019-2021 16.0	!	2019-2021 19.4	★	—	N/A
Heart failure hospitalizations per 10,000 population	2016-2018 9.2	2019-2021 5.1	★	2019-2021 4.5	○	—	N/A
Heart attack hospitalizations per 10,000 population	2016-2018 14.8	2019-2021 11.6	★	2019-2021 18.9	★	—	N/A
Stroke hospitalizations per 10,000 population	2016-2018 19.2	2019-2021 17.2	★	2019-2021 19.2	★	—	N/A
High blood pressure	2015&2017 31.4%	2021 31.1%	○	2021 34.9%	★	2021 32.4%	○
High cholesterol	2015&2017 36.7%	2017&2019 33.6%	○	2017 & 2019 36.2%	★	2019 33.1%	○
Cholesterol checked in past five years	2015&2017 84.9%	2017&2019 89.6%	★	2017&2019 87.2%	○	2019 86.6%	★
<b>Diabetes</b>							
Diabetes	2015-2017 9.5%	2019-2021 8.2%	○	2019-2021 10.4%	★	2021 10.9%	★
Diabetes deaths (underlying cause) per 100,000 population	2015-2019 17.5	2018-2022 20.8	○	2018-2022 25.2	○	2021 25.4	★
Diabetes hospitalizations (principal diagnosis) per 10,000 population	2016-2018 9.6	2019-2021 9.1	○	2019-2021 13.1	★	—	N/A
Diabetes emergency department rate (principal diagnosis) per 10,000 population	2016-2018 24.3	—	N/A	2016-2019 31.2	N/A	—	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Diabetes (continued)</b>							
A1c test at least twice/year (adults with diabetes)	2011-2017 79.0%	2017-2021 74.5%	○	2017-2021 74.3%	○	2021 72.7%	○
Formal diabetes education (adults with diabetes)	2011-2017 59.7%	2017-2021 56.0%	○	2017-2021 54.0%	○	2021 52.5%	○
Dilated eye exam annually (adults with diabetes)	2011-2017 73.2%	2017-2021 72.5%	○	2017-2021 71.9%	○	2021 67.1%	○
<b>Respiratory Health</b>							
Current asthma (adults)	2015-2017 9.9%	2019-2021 11.5%	○	2021 11.6%	○	2021 9.8%	○
Current asthma (youth ages 0-17)	2014-2016 10.2%*	2019-2021 8.9%*	○	2019-2021 8.2%	○	2020 8.0%	N/A
Chronic obstructive pulmonary disease (COPD)	2015-2017 6.2%	2019-2021 5.9%	○	2019-2021 8.8%	★	2021 6.1%	○
Chronic lower respiratory disease deaths per 100,000 population	2015-2019 37.7	2018-2022 34.0	N/A	2018-2022 40.0	★	2019 38.2	★
Asthma emergency department rate per 10,000 population	2016-2018 34.0	—	N/A	2018 39.6	N/A	—	N/A
Chronic obstructive pulmonary disease hospitalizations per 10,000 population	2016-2018 9.2	—	N/A	—	N/A	—	N/A
Pneumonia hospitalizations per 10,000 population	2016-2018 11.1	2019-2021 7.5	★	2019-2021 12.0	★	—	N/A
<b>Physical Activity, Nutrition and Weight</b>							
Obesity (adults)	2017 20.9%	2021 26.4%	○	2021 31.9%	★	2021 33.9%	★
Obesity (high school students)	2019 10.8%	2023 12.2%	○	2023 15.7%	★	—	N/A
Obesity (middle school students)	2019 10.6%	2023 10.3%	○	2023 16.0%	★	—	N/A
Overweight (adults)	2017 37.2%	2021 34.9%	○	2017-2021 34.7%	○	2021 34.4%	○
Overweight (high school students)	2019 14.8%	2023 14.3%	○	2023 16.0%	○	—	N/A
Overweight (middle school students)	2019 15.1%	2023 14.4%	○	2023 16.3%	○	—	N/A



	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Physical Activity, Nutrition and Weight (continued)</b>							
Sedentary lifestyle – no leisure-time physical activity in past month (adults)	2017 18.3%	2021 19.2%	○	2017-2021 25.1%	★	2021 23.7%	★
Met aerobic physical activity recommendations (adults)	2015&2017 60.9%	2017&2019 58.6%	○	2017&2019 52.1%	★	—	N/A
Met physical activity recommendations (high school students)	2019 20.0%	2023 23.0%	○	2023 47.7%	!	—	N/A
Met physical activity recommendations (middle school students)	2019 25.1%	2023 52.4%	★	2023 50.2%	○	—	N/A
Fewer than two hours combined screen time (high school students)	2019 37.1%	2023 21.5%	!	2023 22.9%	○	—	N/A
Fewer than two hours combined screen time (middle school students)	2019 33.6%	2023 32.3%	○	2023 28.8%	○	—	N/A
Fruit consumption (adults reporting less than one serving per day)	2017 26.6%	2021 31.7%	○	2017, 2019 & 2021 33.9%	○	2021 39.7%	★
Vegetable consumption (adults reporting less than one serving per day)	2017 10.0%	2021 12.2%	○	2017, 2019 & 2021 12.7%	○	2021 20.4%	★
Fruit and vegetable consumption (high school students reporting five or more a day)	2019 18.4%	2023 17.0%	○	2023 14.2%	★	—	N/A
Fruit and vegetable consumption (middle school students reporting five or more a day)	2019 24.3%	2023 20.0%	○	2023 18.9%	★	—	N/A
Soda/sports drink consumption (high school students reporting one or more a day)	2019 15.9%	2023 21.9%	!	2023 25.3%	★	—	N/A
Soda/sports drink consumption (middle school students reporting one or more a day)	2019 12.1%	2023 18.8%	!	2019 17.7%	★	—	N/A
Food insecurity	2019 10.1%	2022 10.6%	N/A	2019 12.4%	N/A	—	N/A
Food insecurity (youth)	2016 13.6%	2022 13.9%	N/A	2022 18.7%	N/A	2016 18%	N/A

Indicator	Cumberland County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Pregnancy and Birth Outcomes</b>							
Infant deaths per 1,000 live births	2015-2019 5.3	2018-2022 4.7	N/A	2018-2022 5.7	○	2021 5.4	N/A
Low birth weight (<2500 grams)	2018-2019 6.5%	2021-2022 6.9%	○	2021-2022 7.8%	○	2022 8.6%	N/A
Pre-term live births	2018-2019 8.3%	2021-2022 8.5%	○	2021-2022 9.5%	○	2022 10.4%	N/A
Unintended births	2016-2019 18.2%	2017-2020 17.5%	○	2016-2020 20.7	○	—	N/A
Births to 15-19-year olds per 1,000 population	2018-2019 4.9	2021-2022 3.3	○	2021-2022 8.1	★	2022 13.6	N/A
Adequate prenatal care	—	2021-2022 83.8%	N/A	2021-2022 84.6%	○	2022 74.9%	N/A
C-sections among low-risk first births	2018-2019 25.2%	2021-2022 25.8%	○	2021-2022 25.5%	○	2022 26.3%	N/A
Smoked during pregnancy	2016-2017 6.5%	2021-2022 4.4%	★	2021-2022 9.1%	★	2022 3.7%	N/A
Drank alcohol during pregnancy	2012-2019 15.0%	2013-2020 14.9%	○	2019-2020 9.2%	!	—	N/A
Depression during pregnancy	—	—	N/A	—	N/A	2021 16.5%	N/A
Post-partum depression	—	—	N/A	—	N/A	2021 12.7%	N/A
Infants who are ever breast fed	2018-2019 95.9%	2021-2022 92.6%	N/A	2021-2022 87.6%	★	2022 85.2%	N/A
Infants who are exclusively breast fed to 6 months	—	—	N/A	2020 32.4%	N/A	2020 25.4%	N/A
Head Start eligible expectant mothers	—	—	N/A	2020 1,556	N/A	—	N/A
<b>Children with Special Health Care Needs</b>							
Children with special health care needs	—	—	N/A	2020-2021 22.3%	N/A	2020-2021 19.5%	N/A
Developmental screening for children	—	—	N/A	2020-2021 49.0%	N/A	2020-2021 34.8%	N/A
<b>Cognitive Health</b>							
Cognitive decline	2016 9.8%	2018&2020 8.3%	○	2018&2020 9.2%	○	—	N/A
Caregiving at least 20 hours per week	2015&2017 3.6%*	2017, 2019 & 2021 4.0%	○	2017, 2019 & 2021 5.1%	○	—	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Arthritis</b>							
Arthritis	2015-2017 28.0%	2019-2021 25.1 %	○	2019-2021 30.7%	★	2021 25.8%	○
<b>Environmental Health</b>							
Children with lead poisoning (estimated)	2013-2017 3.6%	2018-2022 1.9%	★	2018-2022 2.2%	○	—	N/A
Lead screening among children (ages 12-23 months)	2019 54.5%	2022 82.4%	★	2022 68.5%	★	—	N/A
Lead screening among children (ages 24-35 months)	2019 27.4%	2022 43.1%	★	2022 46.4%	!	—	N/A
Adults living in households with private wells tested for arsenic	2015-2019 54.0%	2016-2019&2021 54.8%	○	2016-2019 & 2021 52.7%	○	—	N/A
Adults living in households tested for radon	2015-2019 45.9%	2016-2019&2021 46.9%	○	2021 34.9%	★	—	N/A
<b>Immunization</b>							
Influenza vaccination in the past year (adults)	2015-2017 48.1%	2019-2021 57.5%	★	2019-2021 50.0%	★	2021 45.1%	★
Pneumococcal pneumonia vaccination (adults ages 65+)	2015-2017 81.7%	2019-2021 77.4%	○	2019-2021 73.2%	★	2021 70.1%	★
Up-to-date COVID vaccinations	—	—	N/A	—	N/A	—	N/A
<b>Infectious Disease</b>							
Lyme disease new cases per 100,000 population	2020 60.3	2021 74.0	N/A	2022 191.4	N/A	—	N/A
Gastrointestinal disease new cases per 100,000 population	2020 29.2	2022 24.2	N/A	2022 31.5	N/A	—	N/A
Hepatitis A (acute) new cases per 100,000 population	2020 1.0	2022 0.3	N/A	2022 4.6	N/A	2019 5.7	N/A
Hepatitis B (acute) new cases per 100,000 population	2020 5.1	2022 1.3	N/A	2022 2.1	N/A	2019 1.1	N/A
Hepatitis B (chronic) new cases per 100,000 population	2020 17.3	2022 26.7	N/A	2022 14.1	N/A	2019 5.9	N/A
Hepatitis C (acute) new cases per 100,000 population	2020 15.6	2022 6.5	N/A	2022 9.5	N/A	2019 1.7	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Infectious Disease (continued)</b>							
Hepatitis C (chronic) new cases per 100,000 population	2020 112.5	2022 119.0	N/A	2022 96.4	N/A	—	N/A
Pertussis new cases per 100,000 population	2020 3.4	2022 1.6	N/A	2022 5.7	N/A	2019 1.7	N/A
Tuberculosis new cases per 100,000 population	2020 3.4	2022 3.6	N/A	2022 1.2	N/A	2019 2.7	N/A
Chlamydia new cases per 100,000 population	2020 309.5	2022 255.3	N/A	2022 226.4	N/A	2019 551	N/A
Gonorrhea new cases per 100,000 population	2020 69.2	2022 56.6	N/A	2022 44.8	N/A	2019 187.8	N/A
Syphilis new cases per 100,000 population	2020 10.8	2022 9.8	N/A	2022 8.1	N/A	2019 39.6	N/A
HIV new cases per 100,000 population	2020 1.7	2022 7.5	N/A	2022 3.0	N/A	2019 9.7	N/A
Age-adjusted rates of COVID death per 100,000/year	—	—	N/A	2022 37.2	N/A	2022 61.3	N/A
COVID hospital admissions per 100,000/year	2020 110.7	2023 137.6	N/A	2023 159.2	N/A	—	N/A
<b>Unintentional Injury</b>							
Injury deaths per 100,000 population	2015-2019 71.6	2018-2022 80.6	○	2018-2022 99.4	★	2021 89.0	○
Fall-related deaths (unintentional) per 100,000 population	2015-2019 15.2	2018-2022 18.8	○	2018-2022 17.5	○	2021 11.8	!
Motor vehicle traffic crash (unintentional) deaths per 100,000 population	2015-2019 6.6	2018-2022 7.2	!	2018-2022 11.7	★	2021 13.3	★
Poisoning deaths (unintentional and undetermined intent) per 100,000 population	2015-2019 27.2	2018-2022 32.7	!	2018-2022 40.7	★	2021 32.2	○
Work-related deaths	—	—	N/A	2023 23.0	N/A	2019 5,333	N/A
Fall-related injury (unintentional) emergency department rate per 10,000 population	2016-2018 240.6	2019-2021 214.8	★	2019-2021 264.3	★	—	N/A

Indicator	Cumberland County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Unintentional Injury</b>							
Traumatic brain injury emergency department rate per 10,000 population	2016-2018 33.4	2019-2021 31.2	N/A	2019-2021 35.7	★	—	N/A
Always wear seatbelt (high school students)	2019 71.3%	—	N/A	2023 70.0%	N/A	—	N/A
Always wear seatbelt (middle school students)	2019 79.6%	—	N/A	2023 75.6%	N/A	—	N/A
<b>Intentional Injury</b>							
Suicide deaths per 100,000 population	2015-2019 12.5	2018-2022 13.1	○	2018-2022 18.3	★	2021 14.1	○
Firearm deaths per 100,000 population	2015-2019 6.4	2018-2022 6.8	!	2018-2022 11.3	★	2021 14.6	★
Rape/non-consensual sex (among females, lifetime)	2011,2012, 2014,2016& 2017 12.8%	—	N/A	—	N/A	—	N/A
Violence by current or former intimate partners in past 12 months (among females)	2011,2012, 2014,2016& 2017 1.0%	—	N/A	—	N/A	—	N/A
Intentional self-injury (high school students)	2019 18.2%	2023 22.1%	!	2023 22.9%	○	—	N/A
Intentional self-injury (middle school students)	2019 16.4%	2023 20.5%	○	2023 23.6%	○	—	N/A
Bullying on school property (high school students)	2019 20.2%	2023 20.0%	○	2023 21.9%	○	—	N/A
Bullying on school property (middle school students)	2019 22.2%	2023 42.2%	!	2023 48.6%	★	—	N/A
Electronic bullying (high school students)	2021 16.1%	2023 18.8%	○	2023 20.0%	○	—	N/A
Electronic bullying (middle school students)	2021 29.1%	2023 30.3%	○	2023 35.1%	★	—	N/A
Violent crime rate per 100,000 population	2019 111.9	2022 300.0	N/A	2022 1,404	N/A	2022 3.8	N/A
Nonfatal child maltreatment per 1,000 population	—	—	N/A	2022 15.3	N/A	2022 7.7	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Mental Health</b>							
Depression, current symptoms (adults)	2015-2017 8.5%	2019-2021 8.6%	○	2019-2021 10.4%	○	—	N/A
Depression, lifetime	2015-2017 23.0%	2019-2021 22.3%	○	2019-2021 23.0%	○	2021 19.5%	!
Sad/hopeless for two weeks in a row (high school students)	2019 30.0%	2023 32.7%	○	2023 35.0%	○	—	N/A
Sad/hopeless for two weeks in a row (middle school students)	2019 22.2%	2023 28.8%	!	2023 32.7%	○	—	N/A
Anxiety, lifetime	2015-2017 22.1%	2019-2021 22.5%	○	2023 23.9%	○	—	N/A
Seriously considered suicide (high school students)	2019 14.9%	2023 16.8%	○	2023 17.8%	○	—	N/A
Seriously considered suicide (middle school students)	2019 18.4%	2023 19.6%	○	2023 21.8%	○	—	N/A
Mental health emergency department rate per 10,000 population	2016-2018 160.7	—	N/A	—	N/A	—	N/A
Ratio of population to mental health providers	—	—	N/A	—	N/A	—	N/A
Ratio of population to psychiatrists	2019 9,735	2024 3,505	N/A	2024 8,380	N/A	—	N/A
Currently receiving outpatient mental health treatment (adults)	2015-2017 18.6%	2019-2021 21.2%	○	2019-2021 20.0%	○	—	N/A
Children with mental health disorders who receive treatment	—	—	N/A	2020-2021 59.3%	N/A	2020-2021 51.6%	N/A
<b>Oral Health</b>							
Ratio of population to practicing dentists	2019 1,880	2024 1,626	N/A	2024 2,375	N/A	—	N/A
Tooth loss (adults)	2016 12.7%	2020 11.0%	○	2020 18.6%	★	2020 13.5%	N/A
Ambulatory care sensitive dental emergency department rates for adults per 10,000 population	2016-2018 81.7	—	N/A	2018 126.5	N/A	—	N/A

Indicator	Cumberland County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Oral Health (continued)</b>							
Ambulatory care sensitive dental emergency department rates for children per 10,000 population	2016-2018 10.7	—	N/A	2018 18.2	N/A	—	N/A
Dentist visits in the past year (adults)	2016 69.6%	2020 57.9%	!	2020 66.7%	!	2020 66.7%	!
Insured children with at least one dental claim	2019 71.1%	2022 60.2%	N/A	2022 54.2%	N/A	—	N/A
Insured children with at least one preventative dental visit.	2019 67.6%	2022 56.4%	N/A	2022 49.9%	N/A	—	N/A
Children covered by dental insurance	2019 56.0%	2022 66.3%	N/A	2022 70.5%	N/A	—	N/A
Dentist visits in the past year (MaineCare members under age 21)	—	2020 39.0%	N/A	—	N/A	—	N/A
<b>Substance Use</b>							
Overdose deaths per 100,000 population	2020 32.5	2023 117.0	N/A	^	N/A	2019 21.5	N/A
Drug-induced deaths per 100,000 population	2015-2019 27.3	2018-2022 32.1	○	2018-2022 55.6	★	2019 22.8	!
Alcohol-induced deaths per 100,000 population	2015-2019 11.4	2018-2022 14.7	○	2018-2022 18.6	○	2019 10.4	!
Alcohol-impaired driving deaths per 100,000 population	2019 1.7	—	N/A	2022 4.5	N/A	2022 4.1	N/A
Drug-affected infant reports per 1,000 births	2018-2019 29.4	—	N/A	2018-2019 73.2	N/A	—	N/A
Chronic heavy drinking (adults)	2015-2017 9.9%	2019-2021 9.3%	○	2021 8.2%	○	2021 6.3%	!
Past-30-day alcohol use (high school students)	2019 24.1%	2023 22.5%	○	2023 20.5%	○	—	N/A
Past-30-day alcohol use (middle school students)	2019 3.4%	2023 4.1%	○	2023 4.8%	○	—	N/A

	Cumberland County			Benchmarks			
Indicator	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Substance Use (continued)</b>							
Binge drinking (adults)	2015-2017 19.7%	2019-2021 18.9%	○	2019-2021 15.5%	!	2021 15.4%	○
Binge drinking (high school students)	2019 8.8%	^	N/A	^	N/A	—	N/A
Binge drinking (middle school students)	2019 1.2%	2023 1.4%	○	2023 1.8%	○	—	N/A
Past-30-day marijuana use (adults)	2017 17.0%	2017-2021 21.2%	○	2017-2021 18.3%	○	—	N/A
Past-30-day marijuana use (high school students)	2019 23.9%	2023 19.1%	N/A	2023 18.7%	N/A	—	N/A
Past-30-day marijuana use (middle school students)	2019 2.9%	2023 2.9%	○	2023 5.0%	★	—	N/A
Past-30-day misuse of prescription drugs (adults)	2013-2017 1.4%	—	N/A	—	N/A	—	N/A
Past-30-day misuse of prescription drugs (high school students)	2019 5.4%	2023 5.5%	○	2023 5.2%	○	—	N/A
Past-30-day misuse of prescription drugs (middle school students)	2019 2.7%	2023 4.8%	○	2023 4.9%	○	—	N/A
Lifetime illicit drug use (high school students)	—	—	N/A	—	N/A	—	N/A
Narcotic doses dispensed per capita by retail pharmacies	2020 8.7%	—	N/A	2020 12.1%	N/A	—	N/A
Adults who needed treatment for substance use in the past year	—	—	N/A	2021-2022 20.7%	N/A	2021-2022 20.1%	N/A
Adults who needed and did not receive treatment for substance use	—	—	N/A	2021-2022 70.6%	N/A	2021-2022 76.9%	N/A
Overdose emergency medical service responses per 10,000 population	2020 81.2	2023 101.4	N/A	2023 96.1	N/A	—	N/A
Opiate poisoning emergency department rate per 10,000 population	2016-2018 11.1	—	N/A	2018 8.6	N/A	—	N/A
Opiate poisoning hospitalizations per 10,000 population (ICD-10)	2016-2018 1.3	2019-2021 1.0	○	2021 1.1	○	—	N/A



Indicator	Cumberland County			Benchmarks			
	Point 1	Point 2	Change	Maine	+/-	U.S.	+/-
<b>Tobacco Use</b>							
Current cigarette smoking (adults)	2017 11.4%	2021 9.5%	○	2021 15.6%	★	2021 14.4%	★
Past-30-day cigarette smoking (high school students)	2019 5.9%	2023 5.7%	○	2023 5.6%	○	—	N/A
Past-30-day cigarette smoking (middle school students)	2019 1.3%	2023 1.5%	○	2023 2.1%	○	—	N/A
Past-30-day tobacco use (high school students)	2019 9.3%	2023 7.8%	○	2023 7.6%	○	—	N/A
Past-30-day tobacco use (middle school students)	2019 2.7%	2023 2.4%	○	2023 3.1%	○	—	N/A
Current E-cigarette use (adults)	2015-2017 2.6%	2019-2021 5.8%	!	2021 5.8%	○	—	N/A
Past-30-day use of vaping products (high school students)	2019 29.2%	2023 14.8%	○	2023 15.6%	○	—	N/A
Past-30-day use of vaping products (middle school students)	2019 6.8%	2023 3.4%	○	2023 5.7%	★	—	N/A
Environmental tobacco smoke exposure (high school students)	2019 20.0%	2023 15.1%	★	2023 19.3%	★	—	N/A
Environmental tobacco smoke exposure (middle school students)	2019 14.2%	2023 14.7%	○	2023 19.9%	★	—	N/A
Maine QuitLink users	2020 3.1%	2024 4.1%	N/A	2023 2.2%	N/A	—	N/A

### Gay, Lesbian, and Bisexual (High School Students)

The following chart compares the percentage of gay, lesbian, and bisexual (high school students) for the state of Maine and Cumberland County.

Sexual Orientations	Maine	Cumberland County
<b>Straight or heterosexual</b>	<b>72.5%</b>	<b>71.5%</b>
<b>Bisexual</b>	<b>12.7%</b>	<b>13.1%</b>
<b>Something else</b>	<b>5.1%</b>	<b>5.0%</b>
<b>Gay or lesbian</b>	<b>4.0%</b>	<b>3.9%</b>
<b>Not sure</b>	<b>4.0%</b>	<b>4.6%</b>
<b>Did not understand question</b>	<b>1.8%</b>	<b>1.9%</b>

### Population with Disability by Type

The following chart compares the population with disability by type for the state of Maine and Cumberland County.

Disability Type	Maine	Cumberland County
<b>Ambulatory difficulty</b>	<b>7.2%</b>	<b>4.7%</b>
<b>Cognitive difficulty</b>	<b>7.0%</b>	<b>4.7%</b>
<b>Independent living difficulty</b>	<b>6.3%</b>	<b>4.5%</b>
<b>Hearing difficulty</b>	<b>5.0%</b>	<b>3.6%</b>
<b>Self-care difficulty</b>	<b>2.5%</b>	<b>1.7%</b>
<b>Vision difficulty</b>	<b>2.1%</b>	<b>1.4%</b>

### Children with Disability by Type

The following chart compares children with disability by type for the state of Maine and Cumberland County.

Disability Type	Maine	Cumberland County
<b>Cognitive difficulty</b>	<b>6.5%</b>	<b>4.0%</b>
<b>Self-care difficulty</b>	<b>1.5%</b>	<b>0.8%</b>
<b>Hearing difficulty</b>	<b>0.6%</b>	<b>0.4%</b>
<b>Ambulatory difficulty</b>	<b>0.6%</b>	<b>0.3%</b>
<b>Vision difficulty</b>	<b>0.5%</b>	<b>0.2%</b>

## Language Spoken

The following chart compares the language spoken for the state of Maine and Cumberland County.

Language	Maine	Cumberland County
English only	94.1%	92.7%
Other Indo-European language	3.6%	3.4%
Spanish	0.9%	1.1%
Asian and Pacific Islander language	0.7%	1.2%
Other languages	0.7%	1.6%

## Percentage Households by Income Groups

The following chart compares percentage households by income groups for the state of Maine and Cumberland County.

Income	Maine	Cumberland County
Less than \$10,000	4.2%	3.5%
\$10,000 to \$14,999	4.5%	3.1%
\$15,000 to \$24,999	8.0%	5.5%
\$25,000 to \$34,999	8.2%	5.9%
\$35,000 to \$49,999	11.9%	9.5%
\$50,000 to \$74,999	17.3%	15.7%
\$75,000 to \$99,999	13.5%	13.2%
\$100,000 to \$149,999	17.2%	19.1%
\$150,000 to \$199,999	7.8%	10.8%
\$200,000 or more	7.4%	12.6%

## Employment by Industry and Occupation

The following chart compares employment by industry and occupation for the state of Maine and Cumberland County.

Industry/Trade	Maine	Cumberland County
Educational services, and health care and social assistance	27.4%	27.5%
Retail trade	12.9%	11.5%
Professional, scientific, and management, and administrative and waste management services	9.6%	13.2%
Manufacturing	9.0%	8.1%
Arts, entertainment, and recreation, and accommodation and food services	7.8%	8.6%
Construction	7.6%	5.6%
Finance and insurance, and real estate and rental and leasing	6.4%	9.3%
Other services, except public administration	4.5%	4.2%
Public administration	4.4%	2.8%
Transportation and warehousing, and utilities	4.3%	3.7%
Agriculture, forestry, fishing and hunting, and mining	2.5%	1.1%
Wholesale trade	1.9%	2.2%
Information	1.6%	2.2%

## Household by Type of Head of Household

The following chart compares household by type of head of household for the state of Maine and Cumberland County.

Household Type	Maine	Cumberland County
Married-couple household	47.9%	48.2%
Female household, no spouse/partner present	25.3%	26.0%
Male household, no spouse/partner present	17.7%	17.1%
Cohabiting couple household	9.1%	8.7%

## Number of Vehicles for Household Owners and Renters

The following chart compares the number of vehicles for household Owners and Renters for the state of Maine and Cumberland County.

Number of Vehicles by Household	Maine	Cumberland County
<b>2 vehicles available</b>	<b>40.1%</b>	<b>42.5%</b>
<b>1 vehicle available</b>	<b>33.3%</b>	<b>33.2%</b>
<b>3 or more vehicles available</b>	<b>19.8%</b>	<b>17.3%</b>
<b>No vehicles available</b>	<b>6.9%</b>	<b>7.0%</b>

## Commute by Transportation Type

The following chart compares commute by transportation type for the state of Maine and Cumberland County.

Commute Type	Maine	Cumberland County
<b>Car, truck, or van—drove alone</b>	<b>73.5%</b>	<b>67.5%</b>
<b>Worked from home</b>	<b>12.3%</b>	<b>16.7%</b>
<b>Car, truck, or van -- carpoled</b>	<b>8.7%</b>	<b>7.8%</b>
<b>Walked</b>	<b>3.6%</b>	<b>5.1%</b>
<b>Other means</b>	<b>1.4%</b>	<b>1.7%</b>
<b>Public transportation (excluding taxicab)</b>	<b>0.4%</b>	<b>0.8%</b>

## Age of Housing Stock

The following chart compares the age of housing stock for the state of Maine and Cumberland County.

Age of Housing Stock	Maine	Cumberland County
<b>Built 1949 or earlier</b>	<b>28.0%</b>	<b>29.8%</b>
<b>Built 1950 to 1979</b>	<b>28.0%</b>	<b>27.0%</b>
<b>Built 1980 to 2009</b>	<b>37.6%</b>	<b>35.0%</b>
<b>Built 2010 or later</b>	<b>6.4%</b>	<b>8.2%</b>

## Heating Fuel Type

The following chart compares heating fuel type for the state of Maine and Cumberland County.

Heating Fuel Type	Maine	Cumberland County
Fuel oil, kerosene, etc.	59.3%	58.4%
Bottled, tank, or LP gas	12.4%	12.5%
Electricity	9.0%	11.5%
Wood	8.8%	3.1%
Utility gas	8.0%	19.8%
Other fuel	1.7%	1.5%
No fuel used	0.4%	0.7%
Solar energy	0.3%	0.4%
Coal or coke	0.2%	0.1%

## Leading Cause of Death

The following chart compares the leading cause of death for the state of Maine and Cumberland County.

Cause of Death	Maine	Cumberland County
Cancer	24.0%	28.2%
Heart disease	24.0%	26.3%
Accidents	14.5%	11.3%
Chronic lower respiratory disease	6.2%	5.6%
Alzheimer's disease	3.9%	5.1%
COVID 19	5.8%	4.8%
Cerebrovascular diseases	4.6%	4.7%
Diabetes	4.4%	4.6%
Parkinson's disease	1.6%	2.0%
Chronic liver disease and cirrhosis	2.5%	2.0%
Influenza & pneumonia	2.1%	1.9%
Suicide	2.8%	1.9%
Nephritis, nephrotic syndrome and nephrosis	1.7%	1.7%

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## Appendix A: New and Retired Indicators

New Indicator
Transgender adults
Foreign born
Limited English Proficiency
Percentage of households living below the federal poverty line
School-aged children living below 185% of poverty
Households living above the federal poverty line but below the Asset Limited Income Constrained Employed threshold of financial survival
Households living above the Asset Limited Income Constrained Employed threshold of financial survival
Asset poverty (insufficient net worth to live without income at or above the poverty level for three months)
Households receiving emergency rental assistance
Median gross rent
Median housing value
Total housing units
Housing units that are vacant and either for rent or for sale
Housing occupancy
Owner-occupied housing
Owner-occupied households without a mortgage
Age of housing stock
Households with no phone services
Households with a broadband subscription
Households with a computer
Available shelter beds
Children served in publicly funded state and local preschools
Head Start eligible infants, toddlers, preschool age children
Children served by Child Development Services
Children served by Child Developmental Services Home Visiting
Children served by Maine Home Visiting
Families served by Maine Home Visiting
Child care centers
Family child care programs
Head Start teachers hourly wage average
Head Start teacher assistants hourly wage average
Children in foster care
Child preventative visits
Alcohol-associated new cancer cases per 100,000 population
Adequate prenatal care
Depression during pregnancy
Post-partum depression
Head Start eligible expectant mothers
Children with lead poisoning (estimated)



<b>New Indicator (continued)</b>
Two-year-olds up-to-date with recommended immunizations
Up-to-date COVID vaccinations
COVID deaths (any of multiple causes) per 100,000/year
COVID hospital admissions per 100,000/year
Electronic bullying (high school students)
Electronic bullying (middle school students)
Ratio of population to mental health providers
Lifetime illicit drug use (high school students)
Adults who needed treatment for substance use in the past year
Adults who needed and did not receive treatment for substance use
Percent of population with disability by type
Children with disabilities by type
Languages spoken by language category
Percentage of households by income groups
Number of vehicles for household owners and renters
Commute by transportation type
Employment by industry and occupation
Heating fuel type
Households by type of head of household

<b>Retired Indicator</b>	<b>Reason</b>
Children with a medical home	This indicator is only available at the state level and given the complexity of its definition does not provide an actionable outcome.
School Children Eligible for Free and Reduced Meals	Because Maine now provides school meals to all children, this data is no longer available from Maine Department of Education. It has been replaced with "School-aged children with family income below 185% of poverty" from the US Census.
Hospital readmissions within 30 days of discharge (medical)	This measure has not been updated by the original source. Hospitals track this independently at a systems level.
Hospital readmissions within 30 days of discharge (surgical)	This measure has not been updated by the original source. Hospitals track this independently at a systems level.
Pre-diabetes	The Metrics Committee determined this indicator is often underreported and underdiagnosed, and therefore has limited value.
Foot exam annually (adults with diabetes)	BRFSS has changed their methodology for collecting this indicator in 2022.

Retired Indicator (continued)	Reason (continued)
Births for which the mother received more than 80% of expected prenatal visits	This has been replaced with “Adequate prenatal care” to align with the Adequacy of Prenatal Care Utilization Index.
Homes with private wells tested for arsenic	Household estimates are no longer being collected. This has been replaced with “Adults living in households with private wells tested for arsenic.”
Homes tested for radon	Household estimates are no longer being collected. This has been replaced with “Adults living in households tested for radon.”
Children with confirmed elevated blood lead levels	Replaced with “Children with lead poisoning” to mirror definitions in the Maine Environmental Tracking Network
Children with unconfirmed elevated blood lead levels	Replaced with “Children with lead poisoning” to mirror definitions in the Maine Environmental Tracking Network
Immunization exemptions among kindergarteners for philosophical reasons	Maine State Law no longer allows for immunization exemptions due to philosophical reasons.
13-year-olds with up-to-date MCV4 immunization	Immunizations historically tracked by where children receive their immunizations and not where they live, thus not providing data helpful for Counties. New data based on the child’s residence is expected in late 2024.
13-year-olds with up-to-date Tdap immunization	Immunizations historically tracked by where children receive their immunizations and not where they live, thus not providing data helpful for Counties. New data based on the child’s residence is expected in late 2024.
13-year-olds with up-to-date HPV immunization	Immunizations historically tracked by where children receive their immunizations and not where they live, thus not providing data helpful for Counties. New data based on the child’s residence is expected in late 2024.
Adults with mental health disorders who receive treatment	The National Survey on Drug Use and Health is not releasing this data.
12–17-year-olds with major depressive disorder who receive treatment	The National Survey on Drug Use and Health is not releasing this data.
Adults who needed and did not receive treatment for illicit drug use	The National Survey on Drug Use and Health is not releasing this data.
Adults who needed and did not receive treatment of alcohol use	The National Survey on Drug Use and Health is not releasing this data.

## Appendix B: Data Sources and Definitions

Indicator	Data Source	Definition
<b>Demographics</b>		
Population (percent of total Maine population)	US Census Bureau, American Community Survey Tables DP05 (sex, age, race, and ethnicity), S1501 (education), S2001 (income), S2701 (insurance status).	Percentage of the total Maine population who reside in the specified geographic area (e.g. Maine or a Maine County) or belong to a specific population group.
Veterans	US Census Bureau, American Community Survey Tables S2101 (geography), S2101 (sex), S2101 (race), S2101 (hispanic), S2101(education).	Percentage of civilians age 18 over who are veterans.
Gay, lesbian and bisexual (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who identify as gay, lesbian, or bisexual. Data collected in odd numbered years.
Gay, lesbian and bisexual (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who identify as gay or lesbian, or bisexual. Data collected every year, except 2016.
Transgender youth	Maine Integrated Youth Health Survey	Percentage of high school students who identify as transgender. Data collected in odd numbered years.
Transgender adults	Behavioral Risk Factor Surveillance System	Percentage of adults who identify as transgender or non-binary. Data collected every year beginning in 2017.
Persons with a disability	US Census Bureau, American Community Survey ACS Tables S1810 (geography), B18135 (health insurance), S1810 (sex, race, and age), S1811 (income and education).	Percentage of residents who report having any one of the six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, independent living difficulty.
Foreign born	US Census Bureau, American Community Survey	Percent of population born outside of the United States
Limited English Proficiency	US Census Bureau, American Community Survey	Percent of people who speak English "less than very well" by county
<b>Social Drivers of Health</b>		
People living in rural areas	Data, Research and Vital Statistics town-level population file	Percentage of residents in the specified geographic area who live in rural areas, based on non-metropolitan zip codes, as defined by the New England Rural Health Roundtable.
Individuals living in poverty	US Census Bureau, American Community Survey Table S1701.	Percentage of individuals who live in households where the total income of the householder's family is below the established federal poverty level.
Percentage of households living below the federal poverty level	US Census Bureau, American Community Survey	Percentage of households where the total income of the householder's family is below the established federal poverty level.
Children living in poverty	US Census Bureau, Small Area Income and Poverty Estimates	Percentage of children, ages 0-17 years, who live in households where the total income of the householder's family is below the established federal poverty level.

Indicator	Data Source	Definition
<b>Social Drivers of Health (continued)</b>		
School-aged children living below 185% of poverty	Maine Dept. of Education	Percentage of school aged children (ages 5-17 years-old) who live in households where the total income of the householder's family is less than 185% of the established federal poverty level
Households living above the federal poverty level but below the Asset Limited Income Constrained Employed threshold of financial survival	United for ALICE	Percentage of households living above the federal poverty level but below the ALICE (Asset Limited, Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, child care, food, transportation, health care, and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.
Households living above the Asset Limited Income Constrained Employed threshold of financial survival	United for ALICE	Percentage of households living above the ALICE (Asset Limited, Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, child care, food, transportation, health care, and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.
Asset Poverty (insufficient net worth to live without income at or above the poverty level for three months)	Prosperity Now Scorecard	Percentage of households without sufficient net worth to live without income at or above at the poverty level for three months.
Median household income	US Census Bureau, American Community Survey Table S1903.	Dollar amount that divides all households in the specified geographic area into two equal groups: half of the households having more income and the other half having less income. Median income is in the past 12 months in 2020 inflation-adjusted dollars.
Unemployment	US Bureau of Labor Statistics	Percentage of non-institutionalized civilians in the labor force who were not employed. Reported monthly and rates are averaged for the full year.
High school student graduation	Maine Dept. of Education	Percentage of high school students who graduate with a regular diploma four years after starting ninth grade. Graduation rates are determined for students in all public schools and in all private schools that have 60% or more publicly funded students.
Associate's degree or higher among those age 25 and older	US Census Bureau, American Community Survey	Percentage of residents, age 25 and older, who have an associate's degree or higher.
Households that spend more than 50% of income toward housing	US Census Bureau, American Community Survey	Percentage of households that spend 50% or more of their household income on housing.

Indicator	Data Source	Definition
<b>Social Drivers of Health (continued)</b>		
Households receiving emergency rental assistance	MaineHousing Emergency Rental Assistance Program	Number of unique households that utilized the Emergency Rental Assistant (ERA) Program.
Median gross rent	US Census Bureau, American Community Survey	Dollar amount that divides households who rent into two equal groups: half of the households having higher rent and the other half having Lower rent. Values are gross rent: the amount of rent stipulated in a rental lease.
Median housing value	US Census Bureau, American Community Survey	Dollar amount that divides housing properties into two equal groups: half of the properties having higher values and the other half having lower values. A housing property is defined as a house and lot, a mobile home and lot (if lot is owned by the mobile homeowner), or a condominium unit. The value is based on the owner's estimate of how much the property would sell for if it were for sale.
Total housing units	US Census Bureau, American Community Survey	Estimate of the number of housing units.
Housing units that are vacant and either for rent or for sale	MH: Housing Characteristics of the State of Maine, Counties and Towns	Percentage of housing units that are vacant and either for rent or for sale
Housing occupancy	US Census Bureau, American Community Survey	Percentage of housing units that are occupied, including both owners and renters. A housing unit is occupied if a person or group of persons is living in it at the time of the interview or if the occupants are only temporarily absent, as for example, on vacation.
Owner-occupied housing	US Census Bureau, American Community Survey	The percentage of occupied housing units that are occupied by the owner of the unit.
Owner-occupied households without mortgage	US Census Bureau, American Community Survey	Percentage of owner-occupied housing units that do not have a mortgage
Age of housing stock	US Census Bureau, American Community Survey	Percentage of housing units by various ages based on year built.
65+ living alone	US Census Bureau, American Community Survey	Percentage of all people ages 65 years or older who are living alone.
Households with no phone services	US Census Bureau, American Community Survey	Percentage of households that do not have access to any type of phone service, including cell phones, land lines, or other phone devices.
Households with a broadband subscription	US Census Bureau, American Community Survey	Percent of Households with a broad band subscription
Households with a computer	US Census Bureau, American Community Survey	Percent of Households with a computer
Available shelter beds	US Department of Housing and Urban Development	The total number of beds in all shelters the recipient funded with ESG (Emergency Shelter Grant) that were available to program participants during the reporting period (the recipient's program year).

Indicator	Data Source	Definition
<b>Social Drivers of Health (continued)</b>		
Housing insecure (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who report they usually do not sleep in their parent's or guardian's home.
No vehicle for the household	US Census Bureau, American Community Survey	Among workers 16 years and over, the percentage who lived in households without a motor vehicle. Immobile vehicles, motorcycles, and other recreational vehicles are excluded.
Commute of greater than 30 minutes driving alone	US Census Bureau, American Community Survey	Among workers ages 16 and older, the percentage who commute longer than 30 minutes to work in a car, truck or van alone (excludes those that carpool or take public transportation).
Children served in publicly funded state and local preschools	Kids Count	Number of public preschools by county. The number and percent of four-year-old children enrolled in a four-year-old program offered through a school administrative unit. Children must be four years of age by October 15 of the entering school year in order to be eligible for a public preschool program, also known as pre-kindergarten. Data marked as 2022 is for students enrolled as of October 2022.
Head Start eligible infants, toddlers, preschool age children	US Census Bureau, American Community Survey	Number of children under 6 years who live in households where the total income of the householder's family has been below the established federal poverty level. in the past 12 months.
Children served by Child Development Services	Maine Dept. Of Education	Number of infants and toddlers with Individual Family Services Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner
Children served by Child Developmental Services Home Visiting	Maine Dept. of Education	Number of children receiving home visits provided by a Child Developmental Services provider.
Children served by Maine Home Visiting	Maine Families Home Visiting/Maine Children's Trust	Number of children served by Maine Home Visiting.
Families served by Maine Home Visiting	Maine Families Home Visiting	Number of families served by Maine Home Visiting.
Child care centers	OCFS Dashboard, Early Childhood Education Data, High Quality Care, Rising Stars program	Number of licensed child care centers (child care centers, nursery schools, or small child care facility, serving 3 or more children in a facility over than the operator's residence, or any program serving any number of children under 5 located in a private school or a program that contracts with one or more Child Development Services Systems sites to provide services for any number of children.
Family child care programs	OCFS Dashboard, Early Childhood Education Data, High Quality Care, Rising Stars program	Number of licensed family child care providers (a person who provides child care in that person's home on a regular basis, for consideration, for 3 to 12 children under 13 years of age who are not the children of the provider or who are not residing in the provider's home.)

Indicator	Data Source	Definition
<b>Social Drivers of Health (continued)</b>		
Head Start teachers hourly wage average	Head Start (via Urban Institute)	Hourly wage (derived from adjusted average annual salaries) for center-based Head Start lead classroom teachers
Head Start teacher assistants hourly wage average	Head Start (via Urban Institute)	Hourly wage (derived from adjusted average annual salaries) for center-based Head Start assistant teachers
Adverse childhood experiences (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who report at least four out of nine adverse childhood experiences.
Children in foster care	DHHS, Children in Foster Care ages 0-17	The rate per 1,000 of children in State custody, based on the county where they lived immediately prior to being placed into State custody.
<b>General Health Status</b>		
Fair or poor health (self-rated)	Behavioral Risk Factor Surveillance System	Percentage of adults who rate their health as fair or poor (vs. excellent, very good or good).
14 or more days lost due to poor physical health	Behavioral Risk Factor Surveillance System	Percentage of adults whose physical health was not good during 14 or more out of the past 30 days.
14 or more days lost due to poor mental health	Behavioral Risk Factor Surveillance System	Percentage of adults whose mental health was not good during 14 or more out of the past 30 days.
Three or more chronic conditions	Behavioral Risk Factor Surveillance System	Percentage of adults who have been diagnosed with three or more chronic health conditions (chronic conditions in skin cancer, other types of cancer, cardiovascular disease [such as stroke], coronary heart disease [such as heart attack], arthritis, COPD and asthma, obesity, and chronic kidney disease. Hypertension and high cholesterol are not included in this definition, because data on these conditions are collected biennially whereas the other conditions are collected annually.
<b>Overall Mortality</b>		
Life expectancy	National Center for Health Statistics, US CDC	Life expectancy at birth
Overall death rate per 100,000 population	Maine CDC, Data, Research, and Vital Statistics.	Rate per 100,000 people of deaths from any cause.
Rate of years of potential life lost per 100,000 population	County Health Rankings	Rate per 100,000 people of the total number of years lost before the age of 75. YPLL is calculated by subtracting the age at which a person died from 75. The difference in years (of potential life lost) for all those who died before age 75 is added together.

Indicator	Data Source	Definition
<b>Access</b>		
Uninsured	US Census Bureau, American Community Survey Table S2701.	Percentage of people who do not currently have any form of health insurance (either individually purchased, provided through their employer, or provided through the government).
MaineCare enrollment (all ages)	MaineCare	Percentage of individuals, of all ages, who were participating in MaineCare. Figures exclude individuals who were nonresidents or who were out of state.
MaineCare enrollment (ages 0-19)	MaineCare	Percentage of children, ages 0-19 years, who were participating in MaineCare. Figures exclude individuals who were nonresidents or who were out of state.
Ratio of population to primary care physicians	Health Resources and Services Administration	Ratio of population to practicing primary care physicians.
Usual primary care provider (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who have at least one person they think of as their personal doctor or healthcare provider.
Primary care visit to any primary care provider in the past year	Behavioral Risk Factor Surveillance System	Percentage of adults who had a regular physical exam (not for a specific injury, illness, or condition) within the last 12 months.
Child preventative visits	National Survey on Children's Health	Percentage of children age 0-17 years who had one or more preventive care visits during the past 12 months. A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.
Cost barriers to health care	Behavioral Risk Factor Surveillance System	Percentage of adults reporting that there was a time during the last 12 months when they needed to see a doctor but could not because of the cost.
<b>Health Care Quality</b>		
Ambulatory care-sensitive condition hospitalizations per 10,000 population	Maine Health Data Organization's Hospital Inpatient Data	Rate per 10,000 people of hospitalizations with a principal diagnosis of an ambulatory care-sensitive condition. Ambulatory care-sensitive conditions (ACSCs) are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.
Ambulatory care-sensitive condition emergency department rate per 10,000 population	Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets	Rate per 10,000 people of emergency department discharges with a principal diagnosis of an ambulatory care-sensitive condition. Ambulatory care-sensitive conditions (ACSCs) are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.



Indicator	Data Source	Definition
<b>Cancer</b>		
All cancer deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths from any type of cancer.
Colorectal cancer deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths from colon or rectum cancers.
Female breast cancer deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 females of deaths from breast cancer.
Lung cancer deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths from lung or bronchus cancers.
Prostate cancer deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 males of deaths from prostate cancer.
Tobacco-related cancer deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths from tobacco-related cancers, excluding lung and bronchus cancers.
All cancer new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of any type of cancer.
Bladder cancer new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of bladder cancer.
Colorectal cancer new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of colon or rectum cancers.
Female breast cancer new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 females of new cases of breast cancer.
Lung cancer new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of lung or bronchus cancers.
Melanoma skin cancer new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of melanoma of the skin.
Prostate cancer new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 males of new cases of prostate cancer.
Tobacco-related cancer (excluding lung cancer) new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of tobacco-related cancers, excluding lung and bronchus cancers.
HPV-associated cancer new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of Human Papillomavirus (HPV)-associated Cancers

Indicator	Data Source	Definition
<b>Cancer (continued)</b>		
Obesity-associated cancer (excluding colon cancer) new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of obesity-associated cancers, excluding colon and rectal cancers.
Alcohol-associated new cancer cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of alcohol-associated cancers (lip, oral cavity, pharynx; esophagus; colon and rectum; liver; larynx; and female breast)
Colorectal late-stage new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of colon or rectum cancers diagnosed after the cancer has spread beyond the local site.
Female breast cancer late-stage new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 females of new cases of breast cancer diagnosed after the cancer has spread beyond the local site.
Lung cancer late-stage new cases per 100,000 population	Maine Cancer Registry	Rate per 100,000 people of new cases of lung or bronchus cancers diagnosed after the cancer has spread beyond the local site.
Breast cancer screening up-to-date	Behavioral Risk Factor Surveillance System	Percentage of females, ages 50-74 years of age, who had a mammogram within the past 2 years. Data collected in even numbered years.
Cervical cancer screening up-to-date	Behavioral Risk Factor Surveillance System	Percentage of females, ages 21 to 65 years, with an intact cervix, who have had a pap smear within the past three years. Data collected in even numbered years.
Colorectal cancer screening up-to-date	Behavioral Risk Factor Surveillance System	Percentage of adults ages 50-75 years who met 2021 U.S. Preventive Screening Task Force (USPSTF) colorectal cancer screening guidelines. Data collected in even numbered years. 2020 and later data cannot be directly compared to earlier data for this measure due to questionnaire and screening guideline changes.
Lung cancer screening rate among eligible adults	Behavioral Risk Factor Surveillance System	Percentage of adults who received a computed tomography (CT) scan to check for lung cancer, reported among smokers aged 55–80 who had a ≥30 pack-year smoking history and who currently smoke or quit <15 years ago who met 2013 U.S. Preventive Services Task Force (USPSTF) lung cancer screening criteria. ♦ BRFSS state-added module introduced in 2017.

Indicator	Data Source	Definition
<b>Cardiovascular Disease</b>		
Cardiovascular disease deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths with cardiovascular disease as an underlying cause of death.
Coronary heart disease deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths with coronary heart disease as an underlying cause of death.
Heart attack deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths with heart attack as an underlying cause of death.
Stroke deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths with stroke as an underlying cause of death.
High blood pressure hospitalizations per 10,000 population	Maine Health Data Organization's Hospital Inpatient Data Sets	Rate per 10,000 people of hospital discharges with a principal diagnosis of hypertension.
Heart failure hospitalizations per 10,000 population	Maine Health Data Organization's Hospital Inpatient Data Sets	Rate per 10,000 people of hospital discharges with a principal diagnosis of heart failure.
Heart attack hospitalizations per 10,000 population	Maine Health Data Organization's Hospital Inpatient Data Sets	Rate per 10,000 people of hospital discharges with a principal diagnosis of a heart attack.
Stroke hospitalizations per 10,000 population	Maine Health Data Organization's Hospital Inpatient Data Sets	Rate per 10,000 people of hospital discharges with a principal diagnosis of stroke.
High blood pressure	Behavioral Risk Factor Surveillance System	Percentage of adults who have ever been told by a healthcare provider that they have high blood pressure. Data collected in odd numbered years.
High cholesterol	Behavioral Risk Factor Surveillance System	Percentage of adults who have been told by a healthcare provider that their blood cholesterol is high, among those who have ever had their cholesterol checked. Data collected in odd numbered years.
Cholesterol checked in past five years	Behavioral Risk Factor Surveillance System	Percentage of adults who had their blood cholesterol checked within the past 5 years. Data collected in odd numbered years.
<b>Diabetes</b>		
Diabetes	Behavioral Risk Factor Surveillance System	Percentage of adults that have ever been told by a doctor or healthcare provider that they have diabetes, excluding diabetes during pregnancy.
Diabetes deaths (underlying cause) per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths with diabetes as an underlying cause of death.
Diabetes hospitalizations (principal diagnosis) per 10,000 population	Maine Health Data Organization's Hospital Inpatient Data Sets	Rate per 10,000 people of hospital discharges with a principal diagnosis of diabetes.

Indicator	Data Source	Definition
<b>Diabetes (continued)</b>		
Diabetes emergency department rate (principal diagnosis) per 10,000 population	Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets	Rate per 10,000 people of emergency department discharges with a principal diagnosis of diabetes.
A1c test at least twice/year (adults with diabetes)	Behavioral Risk Factor Surveillance System	Percentage of Maine adults with diabetes who had an HbA1c test at least twice within the past 12 months.
Formal diabetes education (adults with diabetes)	Behavioral Risk Factor Surveillance System	Percentage of Maine adults with diabetes who have taken a diabetes self-management (DSME) course to manage their diabetes.
Dilated eye exam annually (adults with diabetes)	Behavioral Risk Factor Surveillance System	Percentage of Maine adults with diabetes who had a dilated eye exam within the past year.
<b>Respiratory Health</b>		
Current asthma (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who have been told by a healthcare provider that they had asthma and who still have asthma.
Current asthma (youth ages 0-17)	Behavioral Risk Factor Surveillance System	Percentage of children ages 0-17 years who have been diagnosed with asthma and still have asthma.
Chronic obstructive pulmonary disease (COPD)	Behavioral Risk Factor Surveillance System	Percentage of adults who have ever been told by a healthcare provider that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.
Chronic lower respiratory disease deaths per 100,000 population	Maine Center for Disease Control and Prevention, Data, Research, and Vital Statistics.	Rate per 100,000 people of deaths due to chronic lower respiratory disease.
Asthma emergency department rate per 10,000 population	Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets	Rate per 10,000 people of emergency department discharges with a principal diagnosis of asthma.
Chronic obstructive pulmonary disease hospitalizations per 10,000 population	Maine Health Data Organization's Hospital Inpatient Data Sets	Rate per 10,000 people of hospital discharges with a principal diagnosis of chronic obstructive pulmonary disease (COPD).
Pneumonia hospitalizations per 10,000 population	Maine Health Data Organization's Hospital Inpatient Data Sets	Rate per 10,000 people of hospital discharges with a principal diagnosis of pneumonia.

Indicator	Data Source	Definition
<b>Physical Activity, Nutrition and Weight</b>		
Obesity (adults)	Behavioral Risk Factor Surveillance System	Percentage of Maine adults with a body mass index (BMI) $\geq 30.0$ kg/m <sup>2</sup> , based on self-reported height and weight.
Obesity (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who were obese (i.e., at or above the 95th percentile for body mass index, by age and sex). Data collected in odd numbered years.
Obesity (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who were obese (i.e., at or above the 95th percentile for body mass index, by age and sex). Data collected in odd numbered years.
Overweight (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults with a Body Mass Index between 25.0 and 29.9 kg/m <sup>2</sup> , based on self-reported height and weight.
Overweight (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who were overweight (at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex). Data collected in odd numbered years.
Overweight (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who were overweight (at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex). Data collected in odd numbered years.
Sedentary lifestyle – no leisure-time physical activity in past month (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who did not participate in any physical activities or exercises during the past month, other than during their regular job.
Met aerobic physical activity recommendations (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who reported doing enough physical activity to meet the aerobic recommendations. Data collected in odd numbered years.
Met physical activity recommendations (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who were physically active for a total of at least 60 minutes per day on seven of the past seven days. Data collected in odd numbered years.
Met physical activity recommendations (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who were physically active for a total of at least 60 minutes per day on seven of the past seven days. Data collected in odd numbered years.
Fewer than two hours combined screen time (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students watching two or fewer hours of combined screen time (including television, video games, and computers) per day on an average school day. Data collected in odd numbered years.
Fewer than two hours combined screen time (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students watching two or fewer hours of combined screen time (including television, video games, and computers) per day on an average school day. Data collected in odd numbered years.

Indicator	Data Source	Definition
<b>Physical Activity, Nutrition and Weight (continued)</b>		
Fruit consumption (adults reporting less than one serving per day)	Behavioral Risk Factor Surveillance System	Percentage of adults who consume less than one serving per day of fruits or fruit juice. Data collected in odd numbered years. 2017 data cannot be compared to earlier data for this measure due to questionnaire changes.
Vegetable consumption (adults reporting less than one serving per day)	Behavioral Risk Factor Surveillance System	Percentage of adults who consume less than one serving per day of vegetables. Data collected in odd numbered years. 2017 data cannot be compared to earlier data for this measure due to questionnaire changes.
Fruit and vegetable consumption (high school students reporting five or more a day)	Maine Integrated Youth Health Survey	Percentage of high school students who drank 100% fruit juice, ate fruit and/or ate vegetables five or more times per day during the past seven days. Data collected in odd numbered years.
Fruit and vegetable consumption (middle school students reporting five or more a day)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who drank 100% fruit juice, ate fruit and/or ate vegetables five or more times per day during the past seven days. Data collected in odd numbered years.
Soda/sports drink consumption (high school students reporting one or more a day)	Maine Integrated Youth Health Survey	Percentage of high school students who drank at least one can, bottle, or glass of sugar-sweetened beverages per day during the past week. Data collected in odd numbered years.
Soda/sports drink consumption (middle school students reporting one or more a day)	Maine Integrated Youth Health Survey	Percentage of seventh- or eighth-grade students who drank at least one can, bottle, or glass of sugar-sweetened beverages per day during the past week. Data collected in odd numbered years.
Food insecurity	Feeding America: Map the Meal	Percentage of households that lack access, at times, to enough food for an active, healthy life for all household members, or that have limited or uncertain availability of nutritionally adequate food.
Food insecurity (youth)	Feeding America: Map the Meal	Percentage of households that lack access, at times, to enough food for an active, healthy life for all household members or that have limited or uncertain availability of nutritionally adequate food. Youth refers to children under 18.

Indicator	Data Source	Definition
<b>Pregnancy and Birth Outcomes</b>		
Infant deaths per 1,000 live births	Maine CDC. Data, Research, and Vital Statistics. Mortality. Natality. Linked Death and Birth file.	Rate per 1,000 births of babies who died before their first birthday.
Low birth weight (<2500 grams)	Maine CDC. Data, Research, and Vital Statistics. Birth file.	Percentage of babies born with a weight less than 2,500 grams.
Pre-term live births	Maine CDC. Data, Research, and Vital Statistics. Birth file.	Percentage of babies born before 37 weeks of gestation.
Unintended births	Pregnancy Risk Assessment Monitoring System	Percentage of new mothers who reported that they had not wanted to be pregnant at all or wanted to be pregnant later.
Births to 15-19-year olds per 1,000 population	Maine CDC. Data, Research, and Vital Statistics. Birth file.	Rate per 1,000 women, ages 15-19 years, who gave birth.
Adequate prenatal care	Maine CDC, Data, Research, and Vital Statistics. Birth file	Percentage of new mothers who received adequate or adequate plus prenatal care, as determined by the Adequacy of Prenatal Care Utilization Index.
C-sections among low-risk first births	Maine CDC, Data, Research, and Vital Statistics. Birth file.	Percentage of low-risk first births for which a cesarean section was completed.
Smoked during pregnancy	Maine CDC. Data, Research, and Vital Statistics. Birth file.	Percentage of new mothers who smoked cigarettes at any time during pregnancy.
Drank alcohol during pregnancy	Pregnancy Risk Assessment Monitoring System	Percentage of new mothers who drank alcohol during the last three months of pregnancy.
Depression during pregnancy	Pregnancy Risk Assessment Monitoring System	Number of people who self-report depression during pregnancy
Post-partum depression	Pregnancy Risk Assessment Monitoring System	Number of people who self-report depressive symptoms post-partum. Depressive symptoms defined as "always" or "often" feeling down, depressed, or hopeless of having little interest or little pleasure in doing things enjoyed since delivery.
Infants who are ever breast fed	Maine CDC. Data, Research, and Vital Statistics. Birth file.	Percentage of babies who were ever fed breast milk.
Infants who are exclusively breast fed to 6 months	National Immunization Survey	Percentage of babies who were only fed breast milk (no solids, water, or other liquids) from birth to six months of age.
Head Start eligible expectant mothers	CDC Wonder & U.S. Census	The estimated number of expectant mothers who are income eligible for Head Start based on the state fertility rate for Maine and the estimated population of women aged 15-44 living below poverty

Indicator	Data Source	Definition
<b>Children with Special Health Care Needs</b>		
Children with special health care needs	National Survey of Children's Health	<p>Percentage of children, ages 0-17 years, whose parents report that they have a special health care need.</p> <p>To qualify as having special health care needs, the following criteria must be met: a) the child currently experiences a specific consequence (use or need of prescription medication, above average use or need of medical, mental health or educational services, functional limitations compared with others of same age, use or need of specialized therapies (OT, PT, speech, etc.), or treatment or counseling for emotional or developmental problems); b) the consequence is due to a medical or other health condition; and c) the duration or expected duration of the condition is 12 months or longer.</p>
Developmental screening for MaineCare members	MaineCare	Percentage of MaineCare members at ages 0,1, 2 and 3 years who received developmental screening using a parent-completed evidence-based screening tool.
Developmental screening for children	National Survey of Children's Health	Percentage of children, ages 9-35 months, who received developmental screening using a parent-completed screening tool.
<b>Cognitive Health</b>		
Cognitive decline	Behavioral Risk Factor Surveillance System	Percentage of adults, ages 45 and over, who experienced confusion or memory loss that happened more often or got worse within the past 12 months. Data collected in 2012 and then in even numbered years from 2016 on.
Caregiving at least 20 hours per week	Behavioral Risk Factor Surveillance System	Percentage of adults who provided regular care or assistance to a friend or family member who has a health problem or disability for at least 20 hours a week during the past 30 days. Data collected in odd numbered years beginning in 2015.
<b>Arthritis</b>		
Arthritis	Behavioral Risk Factor Surveillance System	Percentage of adults who have been told by a healthcare provider that they have arthritis.



Indicator	Data Source	Definition
<b>Environmental Health</b>		
Children with lead poisoning (estimated)	CLPPP	The percentage of children with a blood lead level $\geq 5$ $\mu\text{g}/\text{dL}$ with no prior history of a confirmed blood lead test $\geq 5$ $\mu\text{g}/\text{dL}$ . Estimated numbers are calculated from the total number of children with a confirmed blood lead test $\geq 5$ $\mu\text{g}/\text{dL}$ plus 38% of children with an unconfirmed test 5-<10 $\mu\text{g}/\text{dL}$ . The conversion factor of 38% is based on the historically observed percent of unconfirmed test results 5-<10 $\mu\text{g}/\text{dL}$ that have a confirmatory test result $\geq 5$ $\mu\text{g}/\text{dL}$ . Under Maine law, lead poisoning is defined as having a confirmatory blood lead level at or above 5 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ). The estimated number of children with lead poisoning is divided by number of children tested for lead poisoning who have no prior history of a confirmed blood lead test $\geq 5$ $\mu\text{g}/\text{dL}$ . Five-year values are the sum of the estimated number of children with lead poisoning divided by the sum of children tested.
Lead screening among children (ages 12-23 months)	Maine CDC Childhood Lead Poisoning Prevention Unit	Percentage of children, ages 12-23 months, who have had their blood tested for elevated blood lead levels.
Lead screening among children (ages 24-35 months)	Maine CDC Childhood Lead Poisoning Prevention Unit	Percentage of children, ages 24-35 months, who have had their blood tested for elevated blood lead levels.
Adults living in households with private wells tested for arsenic	Behavioral Risk Factor Surveillance System	Percentage of adults who report that their home has a private well and that the well water has been tested for arsenic. This data is weighted to be representative of individuals living in Maine, not households, in order to measure differences in individual level characteristics.
Adults living in households tested for radon	Behavioral Risk Factor Surveillance System	Percentage of adults who report that their household air has been tested for the presence of radon gas. This data is weighted to be representative of individuals living in Maine, not households, in order to measure differences in individual level characteristics.

Indicator	Data Source	Definition
<b>Immunizations</b>		
Two-year-olds up-to-date with recommended immunizations	Maine Immunization Registry (IMMPact)	Percentage of children, ages 19<36 months, who are up-to-date with all recommended immunizations, assessed on December 31 of each year. The 4313314 series of recommended vaccines that are assessed for includes 4 doses for DTap (diphtheria, tetanus and pertussis), 3 doses for IPV (Polio) 1 MMR (Measles Mumps and Rubella), 3 doses for HiB (Haemophilus influenzae type b), 3 doses for Hepatitis B, 1 doses for varicella (Chicken Pox) and 4 doses for PCV (Pneumococcal conjugate). It does not include annual influenza vaccination, or hepatitis A vaccination.
Influenza vaccination in the past year (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in their nose during the past 12 months.
Pneumococcal pneumonia vaccination (adults ages 65+)	Behavioral Risk Factor Surveillance System	Percentage of adults, ages 65 and older, who have ever had a pneumonia vaccine.
Up-to-date COVID vaccinations	US CDC COVID Data Tracker System	Percent of population who are up to date with COVID vaccinations as defined by the U.S. CDC.
<b>Infectious Disease</b>		
Lyme disease new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of Lyme disease.
Gastrointestinal disease new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of the four most common reportable enteric diseases.
Hepatitis A (acute) new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of hepatitis A.
Hepatitis B (acute) new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of acute hepatitis B.
Hepatitis B (chronic) new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of newly reported cases of chronic hepatitis B.
Hepatitis C (acute) new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of acute hepatitis C.
Hepatitis C (chronic) new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of newly reported cases of chronic hepatitis C.
Pertussis new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of pertussis.
Tuberculosis new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of active acute tuberculosis.

Indicator	Data Source	Definition
<b>Infectious Disease (continued)</b>		
Chlamydia new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of chlamydia.
Gonorrhea new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of gonorrhea.
Syphilis new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of new cases of syphilis.
HIV new cases per 100,000 population	Maine Infectious Disease Surveillance System	Rate per 100,000 people of newly diagnosed cases of HIV.
COVID deaths (any of multiple causes) per 100,000/year	CDC Wonder	Age-adjusted rates of deaths where COVID is listed as a factor in the death per 100,000 per year
COVID hospital admissions per 100,000/year	US CDC COVID Data Tracker System	Rate of COVID hospital admissions per 100,000 per year
<b>Unintentional Injury</b>		
Injury deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths due to injuries.
Fall-related deaths (unintentional) per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths due to unintentional falls.
Motor vehicle traffic crash (unintentional) deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths due to unintentional motor vehicle crashes.
Poisoning deaths (unintentional and undetermined intent) per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths due to poisonings of unintentional and undetermined intent.
Work-related deaths (number)	Maine Dept. of Labor	Number of deaths from work-related injuries.
Fall-related injury (unintentional) emergency department rate per 10,000 population	Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets	Rate per 10,000 people of emergency department discharges with a diagnoses of a fall-related injury.
Traumatic brain injury emergency department rate per 10,000 population	Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets	Rate per 10,000 people of emergency department discharges with a diagnoses of traumatic brain injury.
Always wear seatbelt (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who always wear a seatbelt when riding in a vehicle. Data collected in odd numbered years.

Indicator	Data Source	Definition
<b>Unintentional Injury (continued)</b>		
Always wear seatbelt (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who always wear a seatbelt when riding in a vehicle. Data collected in odd numbered years.
<b>Intentional Injury</b>		
Suicide deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths due to suicide.
Firearm deaths per 100,000 population	Maine CDC. Data, Research, and Vital Statistics. Mortality Data Files.	Rate per 100,000 people of deaths due to firearms, all intents.
Rape/non-consensual sex (among females, lifetime)	Behavioral Risk Factor Surveillance System	Percentage of females who have ever had sex with someone after they said or showed that they didn't want them to or without their consent.
Violence by current or former intimate partners in past 12 months (among females)	Behavioral Risk Factor Surveillance System	The percentage of women ages 18 and older who report that they have experience violence by a current or former intimate partner in the last year.
Intentional self-injury (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who have done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose in the past 6 months. Data collected in odd numbered years.
Intentional self-injury (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who have ever done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose. Data collected in odd numbered years.
Bullying on school property (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who have been bullied on school property in the past 12 months. Data collected in odd numbered years.
Bullying on school property (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who have ever been bullied on school property. Data collected in odd numbered years.
Electronic bullying (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who have been bullied electronically, including through texting, Instagram, Facebook, or other social media. Data collected in odd numbered years.
Electronic bullying (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who have been bullied electronically in the past 12 months. including through texting, Instagram, Facebook, or other social media. Data collected in odd numbered years.
Violent crime rate per 100,000 population	Maine Dept. of Public Safety	Rate per 100,000 people of violent crime offenses. Violent crime is defined as a murder, rape, robbery or aggravated assault.
Nonfatal child maltreatment per 1,000 population	Child Maltreatment Report, US Agency for Children Youth and Families	Rate per 1,000 children, under age 18, of child maltreatment that is a threat to a child's health or welfare.

Indicator	Data Source	Definition
<b>Mental Health</b>		
Depression, current symptoms (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who have current symptoms of depression based on the Patient Health Questionnaire-2 (PHQ-2).
Depression, lifetime	Behavioral Risk Factor Surveillance System	Percentage of adults who have ever been told by a healthcare provider that they have a depressive disorder.
Sad/hopeless for two weeks in a row (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities. Data collected in odd numbered years.
Sad/hopeless for two weeks in a row (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Data collected in odd numbered years.
Anxiety, lifetime	Behavioral Risk Factor Surveillance System	Percentage of adults who have ever been told by a healthcare provider that they have an anxiety disorder.
Seriously considered suicide (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who seriously considered attempting suicide during the past 12 months. Data collected in odd numbered years.
Seriously considered suicide (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who ever seriously considered attempting suicide. Data collected in odd numbered years.
Mental health emergency department rate per 10,000 population	Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets	Rate per 10,000 people of emergency department discharges with a principal diagnosis of mental health condition.
Ratio of population to mental health providers	to be added CMS NPI?	Ratio of the population to practicing mental health providers.
Ratio of population to psychiatrists	Health Resources and Services Administration	Ratio of the population to practicing psychiatrists.
Currently receiving outpatient mental health treatment (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who are currently taking medicine or receiving treatment from a doctor for any type of mental health condition or emotional problem.
Children with mental health disorders who receive treatment	National Survey of Children's Health	Percentage of children, ages 3-17 years, who have been diagnosed by a healthcare provider with a mental or behavioral condition who receive treatment.
Ratio of population to practicing dentists	Health Resources and Services Administration	Ratio of population to practicing dentists.

Indicator	Data Source	Definition
<b>Oral Health</b>		
Tooth loss (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who have lost six or more teeth due to tooth decay or gum disease. Data collected in even numbered years.
Ambulatory care sensitive dental emergency department rates for adults per 10,000 population	Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets	Rate per 10,000 adults with emergency department (ED) visits for dental-related reasons for which good regular dental care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. ♦Note that included conditions are different for adults than for children.
Ambulatory care sensitive dental emergency department rates for children per 10,000 population	Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets	Rate per 10,000 children with emergency department (ED) visits for dental-related reasons for which good regular dental care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. ♦ Note that included conditions for children are primarily for untreated cavities and are different for adults.
Dentist visits in the past year (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who visited the dentist or a dental clinic for any reason in the past 12 months. Data collected in even numbered years.
Insured children with at least one dental claim	Maine Health Data Organization All Payer Claims Database	Percentage of children and young adults under age 21 who had MaineCare or Commercial insurance for at least 11 out of 12 months with at least one dental claim during the year.
Insured children with at least one preventative dental visit.	Maine Health Data Organization All Payer Claims Database	Percentage of children and young adults under age 21 who had MaineCare or Commercial insurance for at least 11 out of 12 months with at least one claim for a preventative dental service during the year.
Children covered by dental insurance	Maine Health Data Organization All Payer Claims Database	Percentage of children and young adults under age 21 who had MaineCare or Commercial insurance for dental health care for at least 11 out of 12 months during the year.
Dentist visits in the past year (MaineCare members under age 18)	MaineCare	Percentage of MaineCare members, under age 18, who visited the dentist in the past 12 months.
<b>Substance Use</b>		
Overdose deaths per 100,000 population	Maine Office of the Medical Examiner	Rate per 100,000 people of deaths due to a drug overdose.
Drug-induced deaths per 100,000 population	Maine Center for Disease Control and Prevention, Data, Research, and Vital Statistics.	Rate per 100,000 people of deaths for which drugs are the underlying cause, including those attributable to acute poisoning by drugs and those from medical conditions resulting from chronic drug use. Deaths due to alcohol use are excluded.
Alcohol-induced deaths per 100,000 population	Maine Center for Disease Control and Prevention, Data, Research, and Vital Statistics.	Rate per 100,000 people of deaths for which alcohol is the underlying cause, including those attributable to acute alcohol poisoning and those from medical conditions resulting from chronic alcohol use.

Indicator	Data Source	Definition
<b>Substance Use (continued)</b>		
Alcohol-impaired driving deaths per 100,000 population	Maine Dept. of Transportation	Rate per 100,000 population of alcohol-impaired driving fatalities (with a blood alcohol content of .08 or over).
Drug-affected infant reports per 1,000 births	Maine Automated Child Welfare Information System (Maine Office of Child and Family Services)	Rate per 1,000 births of infants for which a healthcare provider reported that there was reasonable cause to suspect the baby may be affected by illegal substance abuse or demonstrating withdrawal symptoms resulting from prenatal drug exposure or has a fetal alcohol spectrum disorder.
Chronic heavy drinking (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who drink more than two drinks per day for men or more than one drink per day for women.
Past-30-day alcohol use (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who had at least one drink of alcohol on at least one day in the past 30 days. Data collected in odd numbered years.
Past-30-day alcohol use (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who had at least one drink of alcohol on at least one day in the past 30 days. Data collected in odd numbered years.
Binge drinking (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who had five or more drinks on at least one occasion for men or four or more drinks on at least one occasion for women in the past 30 days.
Binge drinking (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who had five or more alcoholic drinks on at least one day in the last 30 days. Data collected in odd numbered years.
Binge drinking (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who had five or more alcoholic drinks in a row on at least one day in the last 30 days. Data collected in odd numbered years.
Past-30-day marijuana use (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who used marijuana during the past 30 days.
Past-30-day marijuana use (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who used marijuana at least one time in the last 30 days. Data collected in odd numbered years.
Past-30-day marijuana use (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who used marijuana at least one time in the last 30 days. Data collected in odd numbered years.
Past-30-day misuse of prescription drugs (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who used prescription drugs that were either not prescribed and/or not used as prescribed in order to get high at least once within the past 30 days.
Past-30-day misuse of prescription drugs (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who used a prescription drug without a doctor's prescription at least one time in the last 30 days. Data collected in odd numbered years.

Indicator	Data Source	Definition
<b>Substance Use (continued)</b>		
Past-30-day misuse of prescription drugs (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who used a prescription drug without a doctor's prescription at least one time in the last 30 days. Data collected in odd numbered years.
Lifetime illicit drug use (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who have ever used illicit drugs (cocaine, heroin, methamphetamines, ecstasy, and/or synthetic marijuana). Hallucinogenic drugs are excluded. Data collected in odd numbered years.
Narcotic doses dispensed per capita by retail pharmacies	Prescription Monitoring Program	Narcotic doses dispensed per capita by retail pharmacies. This excludes doses dispensed in other health care settings such as ambulatory health care offices, emergency rooms and hospitals.
Adults who needed treatment for substance use in the past year	National Survey on Drug Use and Health	Percentage of individuals 18 and older who needed treatment for substance use during the past 12 months.
Adults who needed and did not receive treatment for substance use	National Survey on Drug Use and Health	Percentage of individuals 18 and older who needed but did not receive treatment for substance use during the past 12 months.
Overdose emergency medical service responses per 10,000 population	Maine Emergency Medical Services	Rate per 10,000 population of overdose emergency medical service responses, including overdoses from drugs, medications, alcohol, and inhalants.
Opiate poisoning emergency department rate per 10,000 population	Maine Health Data Organization's Hospital Inpatient and Outpatient Data Sets	Rate per 10,000 population of emergency department discharges with a principal diagnosis of opiate poisoning.
Opiate poisoning hospitalizations per 10,000 population (ICD-10)	Maine Health Data Organization's Hospital Inpatient Data Sets	Rate per 10,000 population of hospital discharges with a principal diagnosis of opiate poisoning.
<b>Tobacco Use</b>		
Current cigarette smoking (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who have smoked at least 100 cigarettes in their lifetime and currently smoke either every day or some days.
Past-30-day cigarette smoking (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who smoked cigarettes on at least one day in the past 30 days. Data collected in odd numbered years.
Past-30-day cigarette smoking (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who smoked cigarettes on at least one day in the past 30 days. Data collected in odd numbered years.
Past-30-day tobacco use (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days. Data collected in odd numbered years.



Indicator	Data Source	Definition
<b>Tobacco Use (continued)</b>		
Past-30-day tobacco use (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days. Data collected in odd numbered years.
Current E-cigarette use (adults)	Behavioral Risk Factor Surveillance System	Percentage of adults who currently use electronic "vaping" products every day or some days.
Past-30-day use of vaping products (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who used an electronic vapor product at least one day in the last 30 days. Data collected in odd numbered years.
Past-30-day use of vaping products (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who used an electronic vapor product at least one day in the last 30 days. Data collected in odd numbered years.
Environmental tobacco smoke exposure (high school students)	Maine Integrated Youth Health Survey	Percentage of high school students who were in the same room with someone who was smoking cigarettes at least one day during the past seven days. Data collected in odd numbered years.
Environmental tobacco smoke exposure (middle school students)	Maine Integrated Youth Health Survey	Percentage of seventh- and eighth-grade students who were in the same room with someone who was smoking cigarettes at least one day during the past seven days. Data collected in odd numbered years.
Maine QuitLink Users	Center for Tobacco Independence	Percentage of current adult smokers who received treatment services (counseling and/or nicotine replacement therapy) from the Maine QuitLink (Formerly the Maine Tobacco Help Line)
<b>Multivariate Indicators</b>		
Percent of population w/disability by type	US Census Bureau, American Community Survey	Percent of population with a disability by county by type (Hearing Difficulty, Vision Difficulty, Cognitive Difficulty, Ambulatory Difficulty, Self-care Difficulty, and Independent Living Difficulty)
Children with disabilities by type	US Census Bureau, American Community Survey	Percent of population with a disability by county by type (Hearing Difficulty, Vision Difficulty, Cognitive Difficulty, Ambulatory Difficulty, and Self-care Difficulty)
Languages spoken by language category	US Census Bureau, American Community Survey	Percentage of people ages 5 years and over by the primary language spoken at home, by language region
Languages spoken by specific language	US Census Bureau, American Community Survey.	Percentage of people ages 5 years and over by the primary language spoken at home, by specific language
Percentage of households by income groups	US Census Bureau, American Community Survey	Percentage of households earning various levels of income. Income groups are based on income received on a regular basis before payments for taxes, social security, etc. and does not reflect non-cash benefits
Number of vehicles for household owners and renters	US Census Bureau, American Community Survey	Vehicle ownership per household is the total number of vehicles divided by the total number of households. Immobile vehicles, motorcycles, and other recreational vehicles are excluded.

Indicator	Data Source	Definition
<b>Multivariate Indicators</b>		
Commute by transportation type	US Census Bureau, American Community Survey	Among workers ages 16 and older, the percentage who commute to work using various modes of transportation, including [air, rail, water, road and pipeline]
Employment by Industry and Occupation	US Census Bureau, American Community Survey	Among workers ages 16 and older, the percentage who work in various industries and occupations. Industry is the type of activity at a person's place of work; occupation is the kind of work a person does to earn a living; and class of worker categorizes people according to the type of ownership of the employing organization.
Heating fuel type	US Census Bureau, American Community Survey	The percentage of households by the type of fuel that is used most for heating the house, apartment, or mobile home
Households by type of head of household	US Census Bureau, American Community Survey	Percentage of households by type of head of household, including married or cohabitating couples and single heads of households
Leading causes of death	National Center for Health Statistics, US CDC	List of the causes of death that are the most frequent in the population, based on the number of deaths, sorted from highest to lowest frequency.
Leading causes of years of potential life lost	National Center for Health Statistics, US CDC	List of the causes of death with the highest values of years of potential life lost (YPLL), sorted from highest to lowest YPLL. YPLL is calculated by subtracting the age at which a person died from 75. The difference in years (of potential life lost) for all those who died before age 75 is added together.



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