

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

## Annual Health Report Card

### Submitted to the

Joint Standing Committee on Health and Human Services

June 2013

### Legislative Mandate

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

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

[ 2009, c. 355, §5 (NEW) .]

### Acknowledgements

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

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

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

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#### I. Introduction

#### The Local Districts

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

#### Wabanaki Public Health District

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

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

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

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

#### II. Maine State Health Assessment

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

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

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

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

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

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

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

### **Public Health District Profile Reports**

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

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

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

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



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

**Aroostook District** 

Updated 5/20/201

		Updated 5/	20/2013
Indicators from the "2010 Call to District Action"	District Rate	Maine Rate	US Rate
General health status			
Fair or poor health – adults	23.1%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	4.6	3.8	NA
Average number of unhealthy days in the past month (mental health)	3,3	3.7	NA
Access			
Proportion of persons with a usual primary care provider	82.8%	88.4%	NA
No dental care in past year	41.7%	32,4%	NA
Physical Activity, Nutrition and Weight			
Obesity - adults	29.8%	27.7%	27.5%
Obesity - high school students	14.7%	12.9%	NA
Overweight - high school students	15.4%	15.5%	NA
Sedentary lifestyle - adults	36.4%	22.5%	23.9%
Cardiovascular Health	-		
High blood pressure	28.7%	30.0%	28.7%
High cholesterol	39.1%	38.8%	37.5%
Diabetes			
Diabetes - adults	12.0%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	68.2%	79.5%	NA
Diabetes hospitalizations per 1.00,000 population (principal diagnosis)	132,4	118,4	NA
Respiratory		- 2 100	
Current asthma - adults	9,2%	10.0%	9,1%
Current asthma - children and youth (ages 0-17)	8.7%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,450	1,105	NA
COPD hospitalizations per 100,000 population	290.1	198.3	NA.
Tobacco Use			
Current smoking - high school students	16.8%	15.5%	NA
Current smoking - adults	23.7%	18.2%	17.2%
Alcohol Use			
Binge drinking - adults	7.8%	14.5%	15.1%
Current alcohol use - high school students	26.9%	28.0%	NA
Infectious Disease		***************************************	
Influenza Vaccine Coverage - Ages 18 Years and Older	42.8%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	69.7%	71.8%	68.8%

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

Demographics			
Population	71,870	1,328,361	3.08 mil.
Population ages 0-17	14,384	274,533	0.74 mil.
Population ages 65-74	7,217	112,651	0.21 mil.
Population ages 75+	6,434	91,429	0.17 mil.
Population Density	10.8	43.1	87.4
Population - White, non-Hispanic	95.1%	94.4%	63.7%
Population - Hispanic	0.9% (667)	1.3%	16.3%
Population - Two or more races	1.4% (978)	1.6%	2.9%
Population - American Indian or Alaska Native	1.7% (1227)	0.6%	0.9%

### **Aroostook Public Health District**

Other Key Health Indicators from the 2012 Maine State Health Assessment	District Rate	Maine Rate	US Rate
Life expectancy in years [M/F, for 2007]	74.6/90.1	78.7	78.4
Oral Health	7 1.34 24.3	7 00-7	
Tooth loss to earn disease or tooth decay (6 or more) - adults	27,836	19.7%	N
Martenal and Child Realth	27.020	13.178	
Low Birthweight, <2500 grams per 100,000 births			
Infant death per 100,000 births	6.4	5.4 5.1*	8.7
	5.4		6.4
Live births, for which the mother received early & adequate prenatal care	84.6%	85.4%	NJ
Teen birth rate per 1,000 females aged 15-19	29.4	24.9	34.3
Injury Suicide deaths per 100,000 population	49.0	49.5	44.5
Violence by current or former intimate partners	13.2	12.6 1.0%*	11.8
		The second secon	NU
Rape or attempted rape	5.796	11.9%	14.
Non-fatal child maltreatment per 1,000 population	11.9	11.9	9.
Meter vehicle crash related deaths per 180,000 population	14.6	12.5	11.1
Unimentional poisoning deaths per 180,000 population	8.6	11.4	111
Emergency department visits due to falls among older adults per 100,008	8,182	7,325	16
population	-		-
TBI Hospitalizations per 100,000 population	73.4	82.3	N.
Cancer			
Sigmoid/colonoscopy (ever) - people age 50 & over	74.086	74.2%	65.21
Mammograms in past two years - women age 50 & over	79.3%	83.6%	77.95
Pap ameurs in past three years - women age 18 & over	89.496	85.0%	85.09
Mortality - all cancers per L00,000 population	196.4	196.0	175.8
Incidence - all cancers per 100,000 population	471.4	496.7	456.4
Mental Health			
Co-morbidity for persons with mental illness	MA	NA	NL:
Lifetime depression - aciults	19.3%	21.1%*	24.
Lifetime anxiety - adults	18.2%	17.3%*	14.
Alcheimer's disease, dementia & related disorders per 1,000 population	12.9	12.0	Ni.
Environmental Health			
Homes with elevated radon	12.7%	14.8%	16
Homes with private wells tested for arsenic	30.1%	nia.	36.
Children with elevated blood lead levels per 10,000 population	0.3	10	Q.S
Carbon monoxide poisoning ED visits per 100,000 population	6.3	9.9	14:
Infectious Disease		1445	111
Chronic Hepatitis B per 190,000 population	4.2	7.9	16
Lyme disease incidence per 100,000 population	4.2	75.7	7.
Salmonellosis incidence per 100,000 population	8.4	19.1	17.
Pertussis Incidence per 100,000 population	Q.D	15 <i>A</i>	<b>E</b> .
Generative incidence per 100,000 population	8.4	29.5	100
Onlamyolia incidence per 100,000 population	1665	232.9	425.0
HIV incidence per 100,000 population	5.6	4.1	19
		11.00	
Additional Socio-Economic Status measures			
People who speak English less than very well, >5 years	3.4%	1.7%	8.79
Poverty - total under 100% of the Federal Poverty Level	15.4%	12.6%	13.89
No current health insurance	10.6%	19.2%	15.01
Unemployment	95%	7.5%	8.9
High school graduation rate, 2011	B5.2%	83.8%	N.
Persons 25 and older with less than a HS education	16.1%	10.2%	15.09
Disability status	22.0%	15.7%	12.09
Veserans Status	13.5%	13.2%	9.91
65+ bring alone	31.1%	29.8%	27.31



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

### **Central District**

Updated 5/20/2013

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Indicators from the "2010 Call to District Action"	Kennebec	Somerset County	District Rate	Maine Rate	US Rate
General health status					
Fair or poor health - adults	11.8%	17.9%	13.8%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.3	5.1	3.9	3.8	N/
Average number of unhealthy days in the past month (mental health)	4,0	4.4	4.1	3.7	N/
Access					
Proportion of persons with a usual primary care provider	88.6%	85.9%	87.7%	89.4%	N/
No dental care in past year	33.8%	48.8%	38.1%	32.4%	N/
Physical Activity, Nutrition and Weight					
Obesity - adults	28.8%	33,2%	30,2%	27.7%	27.5%
Obesity - high school students	14.7%	13.4%	14.2%	12.9%	N/
Overweight - high school students	18.3%	16,2%	17.6%	15,5%	N/
Sedentary lifestyle - adults	21.6%	24.4%	22.5%	22.5%	23.99
Cardiovascular Health					
High blood pressure	30.4%	28.2%	29.7%	30.0%	28.79
High cholesteral	37.4%	37.6%	37,5%	38,8%	37.5%
Diabetes					
Diabetes - adults	8.2%	8.6%	8.3%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	74.6%	NA.	72.6%	79,5%	N
Diabetes hospitalizations per 100,000 population (principal diagnosis)	122.0	125.6	122.8	118.4	N
Respiratory					-
Current asthma - adults	10.4%	7.1%	9.3%	10.0%	9.19
Current asthma - children and youth (ages 0-17)	5.9%	7.7%	6.5%	8.9%	N/
Bronchitis and Asthma ED visits per 100,000 population	577	1,775	1,211	1,105	N/
COPO hospitalizations per 100,000 population	142.2	244.2	179.9	198.3	N/
Tobacco Use					
Current smoking - high school students	14.5%	17.1%	15.6%	15.5%	N/
Current smoking - adults	19.8%	26,3%	22.0%	18,2%	17,25
Alcohol Use				77 7012	1.06
Binge drinking - adults	14.5%	14.3%	14.4%	14,5%	15.19
Current alcohol use - high school students	23.7%	29.4%	26.1%	28.0%	N/
Infectious Disease					
Influenza Vaccine Coverage - Ages 18 Years and Older	45.4%	40.2%	43.6%	47.1%	N/
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	72.0%	69.3%	71.2%	71.8%	68,85

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

Demographics					
Population	122,151	52,228	174,379	1,328,361	3,00 mil.
Population ages 0-17	25,308	11,176	36,484	274,533	0.74 mil.
Population ages 65-74	10,019	4,800	14,819	112,651	0.21 mil.
Population ages 75+	8,941	3,737	12,678	90,419	0.17 mil
Population Density (people per square mile of land)	140.8	13.3	36.4	43,1	87.4
Population - White, non-Hispanic	95.4%	97.6%	96.1%	94,4%	63,7%
Sandatas Hassis	1.2%	0.8%	1.1%	1.3%	16 304
Population - Hispanic	(1504)	(409)	(1913)	1.379	16.3%
opulation - Two or more races	4 20/ (0000)	1.3%	1.6%	4 641	0.04
	1.7% (2068)	(690)	(2758)	1.6%	2.9%

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

NA = not available

### Central Public Health District

Other Key Health Indicators from	Kennebec	Seemenset.	Destrict	Mame	US
the 2012 Maine State Health Assessment	County	County	Rate	Rate	Batte
Life expectancy in years (M/F, for 2007)	75.7/80.4	74.8/79.8	MA	78.7	78.5
Oral Heulth					
Tooth loss to gam disease or tooth decay (6 or more) - adults	20.1%	27.2%	22.3%	19.7%	14.5
Material and Child Health					
Low Birth weight, <2500 grams per 100,000 births	63	7.5	5.7	6.4	8.2
Infant death per 100,000 births	51	6.5	5.5	61*	6.4
Live births, for which the mother received early & adequate prenatal care	84.6%	78.5%	82.5%	85.4%	NU.
Teen birth rate per L 200 females acred 15-19	28.0	39.7	31.4	24.9	34.2
Injury		30.0			-
Suiride deaths per 100,000 population	11.1	12.4	11.5	12.6	III.B'
Vicience by current or former intimate partners	1.5%	NA	2.0%	1.0%	14
Raps or attempted rape	7.1%	H.2%	7.4%	11.9%	24.3
Non-fatal child maltreatment per 1,000 population	95	18.7	12.6	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	14.5	20.5	163	17.5	1111
Unintentional prisoning deaths per 100,000 population	11.9	95	11.3	11.4	11.1
Emergency department visits due to falls among older adults per 190,000	22.3	79	تبدر	J.J. T	44.4
boorgainst perhanners ages one to said municipates ages has morror	7,567	8,573	7,869	7,325	M
Table Control	82.9	81.0	82 E	87.3	HL.
TBI Hospita frations per 100,000 population Cancer	BZ.3	MID	BZ-E	82.3	
	77.2%	70.7%	75.2%	74.2%	65.21
Sigmoid/colonoscopy (ever) - people age 50 8. over					
Mammogramo in past two years - women age 50 & over	86.0%	841%	85.5%	83.6%	77.91
Pap amears in past three years - women age 18 & over	85.7%	83.6%	85_E%	85.0%	85.09
Mortality - all cansers per LOO,000 population	198.8	202.5		156.0	175.8
In cidence - all cancers per 100,000 population	502.3	446A	485.4	496.7	456.4
Mental Realth					
Co-morbidity for persons with mental liness	47%	NA	46.5%	MA	14.
Lifetime depression - adults	19.6%	23.3%		21.1%*	TL:
Lifetime anxiety - adults	17.196	19.5%	17.5%	17.3%*	TE
Airheimer's disease, dementia & related disorders per 1,000 population	12.4	9.4	11.5	12.0	TE
Environmental Health					
Flornes with elevated radion	16.2%	9.5%	14.7%	1.4.196*	N.
Homes with private wells tested for arsenic	53.7%	NA	51.3%	MA	HL.
Children with elevated blood lead levels per 10,000 population	LD	1.2	1.0	1.0	0.5
Carbon monoxide poisoning ED visits per LOD,000 population	9.0	9.7	9.2	9.9	RL.
Infectious Disease					
Chronic Hepatitis B per 100,000 population	8.7	3.5	6.9	7.9	11
Lyme disease incidence per 100,000 population	1.05.8	17.3	79.3	75.7	7.
Salmonellosis incidence per 100,000 population	9.0	5.8	8.0	10.1	17.
Pertussis Incidence per L00,000 population	4.9	3.8	4.6	15.4	8.3
Gonombea incidence per 100,000 population	4.1	1.9	3.4	20.5	LDD
Chlamydia incidence per 1.00,000 population	287.9	203.7	267.7	232.9	425.
HIV incidence per LD0,000 population	2.5	3.8	2.9	4.1	19.
	11 - 11 -	_	William		
Additional Socie-Economic Status measures					
People who speak English less than very well, >5 years	1.2%			1.7%	8.71
Poverty - total under LOD% of the Federal Poverty Level	12.5%			12.6%	13.81
No current beath enumeres	8.3%			10.2%	15.09
Unempleyment.	7.1%			7.5%	8.51
High school graduation rate, 2011	83.5%			63.8%	14.
Persons 25 and older with less than a HS education	9.7%			10.2%	15.09
Disability status	16.9%			15.7%	12.01
Veterans Status	14.496	14.3%	14.4%	13.2%	9.91
65+ living alone	29.3%	28.3%	29.0%	29.5%	27.31



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

### **Cumberland District**

And 6 tellings, Common Mayor Company Commandation	Upda	ted 5/20/2013	
indicators from the "2010 Call to District Action"	District Rate	Maine Rate	US Rate
General health status		Samuel Company	
Fair or poor health - adults	10,3%	14.7%	14,9%
Average number of unhealthy days in the past month (physical health)	0.E	3,8	NA
Average number of unhealthy days in the past month (mental health)	3,0	3.7	NA
Access			
Proportion of persons with a usual primary care provider	91.0%	88,4%	NA
No dental care in past year	22,5%	32.4%	NA
Physical Activity, Nutrition and Weight			
Obesity - adults	20,3%	27.7%	27.5%
Obesity - high school students	9.6%	12.9%	NA
Overweight - high school students	13,4%	15,5%	NA
Sedentary lifestyle - adults	14,9%	22.5%	23.9%
Cardiovascular Health			
High blood pressure	29.5%	30.0%	28.7%
High cholesterol	37,8%	38.8%	37.5%
Diabetes			
Diabetes - adults	6.1%	8.7%	8.7%
Adults with diabetes who have had a ALc test 2x per year	76.4%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	98.7	118.4	NA
Respiratory			
Current asthma - adults	9.2%	10.0%	9,1%
Current asthma - children and youth (ages 0-17)	9.3%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	916	1,105	NA
COPD hospitalizations per 100,000 population	144.5	198.3	NA
Tobacco Use			
Current smoking - high school students	13.2%	15,5%	NA
Current smoking - adults	15.1%	18.2%	17.2%
Alcohal Use			
Binge drinking - adults	14.8%	14.5%	15,1%
Current alcohol use - high school students	28.6%	28.0%	NA
Infectious Disease			
Influenza Vaccine Coverage - Ages 18 Years and Older	50.3%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	77.0%	71.8%	68.8%

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

Demographics			
Population	281,674	1,328,361	3.08 mll.
Population ages 0-17	58,894	274,513	0.74 mil.
Population ages 65-74	20,585	112,651	4.21 mil.
Population ages 75+	19,572	98,429	0.17 mil.
Population Density	337.2	43.1	87.4
Population - White, non-Hispanic	91.8%	94,4%	63.7%
Population - Hispanic	1.8% (5045)	1.3%	16.3%
Population - Two or more races	1.8% (\$183)	1.6%	2.9%
Population - Black of African American	2.4% (6781)	1.2%	12.6%
Population - Asian	2.0% (5769)	1,0%	4.8%

### **Cumberland Public Health District**

Other Key Health Indicators from the 2012 Maine State Health Assessment	District Rate	Maine State	US Rate
Life expectancy in years (M/F, for 2007)	77.1/81.7	<b>78.</b> 7	78.
Oral Health			
Tooth loss to gum disease or tooth decay (6 or more) - adults	13.2%	19.7%	84
Maternal and Child Health			
Low Birth weight, <2500 grams per L00,000 births	6.3	6.4	8.
Infant death per 100,000 births	5.5	5.E*	6.4
Live births, for which the mother received early & adequate prenatal care	81 5%		M
Teen birth rate per 1.000 females aged 15-19	160		34.
Injury		-	
Suicide deaths per 100,000 population	11.9	17.6	11.8
Violence by current or former intimate partners	0.5%	EDE*	M
Rape or attempted rape	8.5%	11.9%	14
Non-fatal drild mattreatment per 1,000 population	7.5		9
	7.5		11.1
Motor vehicle crash related deaths per 100,000 population	11.7	E1.4	11
Unintentional poisoning deaths per 100,000 population			
Emergency department visits due to falls among older adults per 100,000 population	7,150	7,325	M
TRI Hospitalizations per 100,000 population	E9.3	82.3	H
Concer	-27-		
Sigmoid/colonoscopy (ever) - people age 50 & ever	75.2%	74.2%	65.2
Maximograms in past two years – women age 50 ß over	84 <i>6</i> %	83.9%	77.9
Pap smears in past three years - women ago 18 & over	86.7%	85.0%	25.0
Mortality - all cancers per 100,000 population	190.6		
Incidence - all cancers per 100,000 population	483.2	466.7	456 A
Mental Flexitis			
Co-morbidity for persons with mental illness	43.8%	RIA	N
Lifetime depression - adults	21.3%	21_1%*	M
Lifetime anxiety - adults	18 3%	17.3%*	M
Alzheimer's disease, dementia & reisted disorders per 1,000 population	12.4	12.0	34
Environmental Bealth			
Homes with elevated radon	20.0%	14.8%*	34
Homes with private wells tested for assenic	51L6%	WA	34
Children with elevated blood lead levels per 18,000 population	0.9	1.0	
Certion monoxide poisoning ED visits per 100,000 population	7.9		N.
Infectious Disease			
Chronic Repartitis 8 per LDD,000 population	19.1	7.9	N
Lyme disease incidence per 100,000 population	97.A		7
Salmonellosis incidence per LOO,000 population	9.9		
Pertussis Incidence per 100,000 population	42		
Gonorrhea incidence per 100,000 population	37.9		
Chlamydia incidence per LOG.000 population	and the second s	700000000000000000000000000000000000000	
Control of the Contro	264.9		The second second
HIV incidence per 160,000 population	9.2	4.1	19
Additional Socio-Economic Status measures			
People who speak English less than very well, >5 years	2.7%	1.7%	8.7
Poverty - total under 100% of the Federal Poverty Level	10.5%		
No current health insurance	8.7%		the same of the same of
Unemployment	5.0%		
High school graduation rate, 2011	65.3%		
Fersons 25 and older with less than a HS education	5.7%		
	11.5%	The state of the s	
Disability status			
Disability status Veterens Status	10.9%	13.2%	9.9

### **Downeast Public Health District**



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

### **Downeast District**

Updated 5/20/2013

Paul B to Page Greener Abry C Maybre, Commesser		Upd:	913		
Indicators from the "2010 Call to District Action"	Hancock County	Washington County	District Rate	Maine Rate	US Rate
General health status					ETT.
Fair or poor health - adults	11,4%	25.0%	16,4%	14.7%	14,9%
Average number of unhealthy days in the past month (physical health)	3.4	4.4	3.8	8.6	N.A
Average number of unhealthy days in the past month (mental health)	3.8	4.4	4.0	3.7	N.A
Access	1000				
Proportion of persons with a usual primary care provider	85.1%	85.7%	85,3%	88.4%	NA.
No dental care in past year	28.9%	45.2%	34.9%	32,4%	NA.
Physical Activity, Nutrition and Weight					
Obesity - adults	27.0%	36.0%	30.3%	27.7%	27.5%
Obesity - high school students	12.9%	14.0%	13,4%	12,9%	N/A
Overweight - high school students	14.2%	15.6%	14,8%	15,5%	NA.
Sedentary lifestyle - adults	24.0%	32,0%	27.0%	22.5%	23,916
Cardiovascular Health		Total Control			-
High blood pressure	30.4%	29,2%	30.0%	30,0%	28,7%
High cholesterol	42,914	40_1%	42.0%	38.8%	37.5%
Olabetes					
Oiabetes – a duits	7.8%	12.0%	9,3%	8,7%	8,7%
Adults with diabetes who have had a A1c test 2x per year	NA.	NA	78.4%	79.5%	NA.
Diabetes hospitalizations per 100,000 population (principal diagnosis)	116,6	154.2	130.9	118.4	NA
Respiratory					
Current asthma – adults	10.0%	15.7%	12,1%	10,0%	9,1%
Current asthma - children and youth (ages 0-17)	7.3%	11.3%	8.9%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,297	1,732	1,463	1,105	N.A
COPD hospitalizations per 100,000 population	170.4	254.5	203.1	198.3	NA.
Tohacco Usu		market and the		315	
Current smoking - high school students	14.2%	21.9%	17.0%	15.5%	N/A
Current smoking - adults	16.4%	23,1%	18.9%	18,2%	17.2%
Alcohol Use					-1/4
Binge drinking - adults	16.5%	13.4%	15,4%	14.5%	15.1%
Current alcohol use - high school students	22.9%	27.1%	24.4%	28,0%	NA.
Infectious Disease	The second				
Influenza Vaccine Coverage - Ages 18 Years and Older	43.2%	47.1%	44.6%	47.1%	N.A
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	69.9%	65.2%	68.3%	71.8%	68.8%

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

Demographics					
Population	54,418	32,856	87,274	1,328,341	3.00 mil
Population ages 0-17	9,977	6,564	16,541	274,533	0.74 mil
Population ages 65-74	5,463	3,524	8,987	112,691	0.21 mil
Population ages 75+	4,474	2,902	7,376	98,429	0.17 mil
Population Density	34.3	12.8	21.0	43.1	87.4
Population - White, non-Hispanic	96.2%	91.3%	95.6%	94.4%	63,7%
Population - Hispanic	1.1%	1.4%	1.2%		
ropojacion - rispanic	(594)	(452)	(1,046)	1.3%	16.3%
Population - Two or more races	1,2%	1.7%	1.4%		
ropulation - I wo or more races	(633)	(558)	(1,191)	1.6%	2.9%
Conviction American Indian of Alaska Marks	0.4%	4,9%	2.1%	O.CH	0.04
opulation - American Indian or Alaska Native	(220)	(1,503)	(1,823)	0,6%	0.9%

### Downeast Public Health District

Other Key Health Indicators from the 2012 Maine State Realth Assessment	Hancock	Washington		Maine	US Rate
			Rate	Bate	-
Life expectancy in years (M/F, for 2007)  Ocal Health	76.9/BL3	73.1/80.1	NA	78.7	78.
Tooth loss to earn disease or touth decay (6 or more) - adults	16.1%	28.5%	20.5%	19.7%	NU
Maternal and Child Health					anua?
Low Birth weight, <2500 grams per 180,000 births	5.8	5.3	5.6	6.4	8.1
Infant death per 100,000 births	3.9	4.7	4.2	6.1*	5.4
Live births, for which the mother received early & adequate prenatal care	<b>87.7%</b>	83_1%	85.9%	85.4%	INI.
Teen birth rate per 1,000 females aged 15-19	23.2	38.2	29.2	24.9	34.
Injury					
Suicide deaths per LOO,000 population	11.5	9.8	141.9	12.6	11.8
Violence by current or former intimete partners	NA	MA	0.5%	3.0%*	PAL
Rape or attempted rape	6.0%	8.6%	7.0%	11.9%*	N
Non-fatal child maltreatment per 1,000 population	19.9	12.8	11.7	11.9	9.
Motor vehicle crash related deaths per 100,000 population	15.5	23.8	18.6	12.5	11.0
Unintentional poisoning deaths per £00,000 population	11.9	17.2	13.9	11.4	11.
Emergency department visits due to falls among older adults per L09,000	7.900	6,620	7.356	7.325	IN2
population					
TBI Hospitalizations per 100,000 population	99.7	85.0	87.7	B2.3	N/
Cantoer		-			
Sigmoid/colonoscopy (ever) - people age 50 & over	72.6%	67.8%	70.9%	74.2%	\$5.25
Mammegrams in past two years - women age 50 & over	B1.7%	86.1%	\$2.3%	83.6%	77.99
Pap smears in past three years - women age 18 & over	B6.0%	79.9%	12.5%	25.D%	85.D9
Mortality - all cancers per 190,000 population	205.4			196.0	
Incidence - all cancers per 180,000 population	516.8	562.8	534.3	496.7	456 A
Mental Health			1.1		
Co-morbidity for persons with mental itness	NA	The state of the s	<b>60.9%</b>	NA	M
Lifesime depression - adults	23.0%		22.5%	21.1%*	TNI.
Lifetime anxiety - adults	17.1%	24.5%	19.5%	17.3%*	PAL
Alzheimer's disease, dementia & related disorders per 1,000 population	12.5	9_B	11.4	17.0	N
Environmental Health					
Homes with elemeted rudon	18.6%	7.5%	14.5%	14.5%*	IN.
Homes with private wells tested for arsenic	54.2%	34.3%	47.5%	NA	IN.
Children with elevated blood lead levels per 10,000 population	0.5	0.9	0.7	上印	0.5
Carbon monoxide poisoning ED visits per 100,000 population	19.3	7.1	9.1	9.9	TN.
Infectious Disease					
Chronic Hepatitis B per 190,000 population	3.7	6.1	4.5	7.9	N
lyme disease incidence per 100,000 population	78.8	36.8	<b>8.1</b>	75.7	7.
Salmone losis incidence per 180,000 population	1.8	3.1	2.3	10.1	17.
Pertussis Incidence per 100,000 population	18.3	3.1	12.5	15.4	8.
Conorrhea incidence per 100,000 population	LB	24.5	19.3	20.5	100
Chlamysia incidence per 100,000 population	174.1	254.3	204_1	232.9	425.
HIV incidence per 100,000 population	LE	D.G	1.1	4.1	19:
Additional Socio-Economic Status measures		0.0			
People who speak English less than very well, >5 years	0.6%	0.9%	0.7%	1.7%	8.79
Poverty - total under 100% of the Federal Poverty Level	11.5%			12.6%	
No current health insurance	15.1%			10.2%	
Unemployment.	B.47%			7.5%	
High school graduation rate, 2011	82.8%			83.0%	
Persons 25 and older with less than a HS education	3.0%			10.7%	
Disability status	15.5%			15.7%	
Veterary Status	13.2%		- Million of	13.2%	
65+ living alone			31.1%	29.8%	



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

### **Midcoast District**

Updated 5/20/2013

Red 2 subgra Scorrer - Hoy C. Abghas (Germania					Upa	ated \$/20/20	113
Indicators from the "2010 Call to District Action"	Knox	Lincoln County	Sagadahoc County	Waldo	District Rate	Maine Rate	US Rate
General health status	- 111			= 2			hā avad
Fair or poor health - adults	15.1%	16.1%	12.7%	13.2%	14.3%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.6	4.4	3.4	3.6	3.7	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.3	3.7	3,8	4.9	3.9	3.7	NA
Access					Resignate II		
Proportion of persons with a usual primary care provider	89.8%	87.4%	93.1%	90.7%	90,2%	88.4%	NA
No dental care in past year	30.1%	25.8%	32.6%	33.1%	30,5%	32.4%	NA
Physical Activity, Nutrition and Weight							10 180
Obesity - adults	28.7%	24.1%	23.8%	26.3%	25,8%	27.7%	27,5%
Obesity - high school students	20.1%	NA	18.4%	16.8%	18,194	12.9%	NA
Overweight - high school students	16,2%	NA	14.0%	18.1%	15,8%	15.5%	NA
Sedentary lifestyle - adults	21.2%	22.8%	18.7%	25.7%	22,2%	22.5%	23.9%
Cardiovascular Health							-
High blood pressure	35.8%	31.5%	27.5%	28.9%	31,1%	30.0%	28.7%
High cholesterol	41.8%	40.4%	37.4%	40.3%	40.0%	38.8%	37.5%
Diabetes		11/2					
Diabetes - adults	11.4%	8.4%	7.4%	10.0%	9,3%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per yr	NA	NA	NA	NA	8.89	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	110.2	115.1	1124	114.5	113.0	118.4	NA
Respiratory							
Current asthma - adults	10.6%	12.7%	7.5%	10.3%	10.3%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	7.3%	7.4%	7.8%	9.8%	8.0%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	768	840	902	949	864	1,105	NA
COPD hospitalizations per 100,000 population	172.9	175.4	183.4	176.3	176.6	198.3	NA
Tobacco Use		The state of	CONT. VI.		The same		
Current smoking - high school students	24.196	NA	17.3%	18.9%	18.9%	15.5%	NA
Current smoking - adults	14,5%	16.1%	13.5%	18.7%	15.8%	18.2%	17.2%
Alcohol Use							
Binge drinking - adults	12.8%	11.8%	14.9%	15,5%	13.8%	14.5%	15.1%
Current alcohol use - high school students	27.7%	NA		32.7%	29,8%	28.0%	NA
Infectious Disease							
Influenza Vaccine Coverage - Ages 18 Years and Older	44,3%	48.5%	47.7%	44.7%	46.2%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	74.1%	71.1%	NA	63.7%	69.8%	71.8%	68.8%

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

Demographics							
Population	39,736	34,457	35,293	38,786	148,272	1,328,361	3.08 mi
Population ages 0-17	7,710	6,468	7,422	8,147	29,747	274,533	0.74 mi
Population ages 65-74	3,983	4,022	3,341	3,591	14,937	112,651	0.21 mi
Population ages 75+	3,611	3,371	2,447	2,689	12,118	98,429	0.17 mi
Population Density	108.8	75.6	139.1	53.1	82,2	43.1	87.4
Population - White, non-Hispanic	96.5%	97.0%	95.4%	96.6%	96.4%	94.4%	63.79
Population - Hispanic	0.8%	0.8%	1.3%	0.9%	1.0%	1.3%	16.35
Population - Two or more races	1,4%	1.156	1.6%	1.4%	1,4%	1.6%	2.99

### Midcoast Public Health District

Other Key Health Indicators from the 2012 Maine State		Lincoln	Sagadahoc	Waldo	District	Maine	US Rate
Health Assessment Life expectancy (years) (2007)	County 26.7781.4	77.5/81.0	76.5/20.5	75 A/20.3	Rather	78.7	78.6
Oral Health	10.1707.00	113/818	/N.3/E4.3	IS MUNICA		70.7	/8.5
Adults who have lost 6 or more teeth to gum disease or		and desired the second		15000	391.00		15,65
tooth decay	17.4%	18.7%	17.7%	25.7%	20.3%	19.7%	Pale
Maternal and Child Health							
Low Birth weight, <2500 grams per 100,000 births	5.1	7,4	5.5	7.7	5.4	6.4	8.2
infant death per 190,000 births	5.4	3.6	4.7	6.9	5.3	5.E*	6.4
Live births, for which the mother received early &	90.5%	29.7%	29.0%	B4 9%	28.6%	85.4%	PALE
adequate prenutal care	2027	DC1-3 121				-	
Live birth rate per 1,000 females aged 15-19	31.9	21.9	22.B	32.2	27.5	24.9	34.2
Injury	47.	445	2.7	440	444	12.5	44 04
Suicide deaths per 100,000 population	17.1	14.5		14.9	14.1	12.6	11.8
Violence by current or former estimate partners	NA TTV	REA T. ATV		NA C 287	1.0%	11.9%	N/A
Rape or attempted rape	7.5%	5.4% 6.2	The second secon	5.2% 5.6	6.4% 5.9	11.5%	9.2
Non-fatal child maltreatment per 1,000 population	6.7	Constitution in the contract			- The state of the		-
Motor vehicle crash related deaths per 100,000 pop.	13.5	18.1		11.6	14.1	17.5	11.1
Unintentional poisoning deaths per 100,000 population	15.6	10	8.3"	8.5	10.9	11.4	11.2
Emergency department visits due to falls among older	7,450	8,772	6,445	7,798	7,591	7,325	par
adults per 10,000 population			0 to 0.00				
TBI Hospitalizations per 10,000 population	96.3	81.3	68.1	72.6	<b>80.7</b>	R2.3	NA
Signoid/colonoscopy (ever) for people age 50 B over	79.2%	78.2%	76.4%	69.2%	75.7%	74.2%	55.29
Mammograms in past 2 years for women age 50 & over	15.5%	84.2%	The state of the s	76.5%	82.2%	83. <i>9</i> %	77.5%
	86.4%	85.9%		BLA%	25.5%	85.D%	E5.0%
Pap smears in past three years for women age 18 & over Mortality - all cancers per 190,000 population	177.5	125.2		197.5	186.7	196.0	-
incidence - all cancers per 100,000 population	515.9	450 A			484.7	496.7	456.4
Mental Health	2,3.3	45674	7425	31231.7	TUT.	709.7	400L4
Co-morbidity for persons with mental illness	NA	NA	NA.	NA	45.3	RLA	N
Lifetime depression	20.0%	20,4%	21.8%	22.4%	21.2%	21.I¥*	N
Lifetime anxiety	15.1%	12.1%	15.8%	22.0%	16.5%	17.3%*	N
Alzheimer's disease, & related discreters, or senile	44.9	40.7	45.0	45.0	40.5		-
dementia per 1,000 population (age-adjusted) Environmental Health	11.3	193	190	160	105	12.0	M
Homes with elevated radon	11.2%	16.136	10.9%	11.2%	12.5%	14.5%*	743
Homes with private wells tested for arsenic	49.6%	27.7%	1123	45.0%	39.5%	TUA	N
Children with elevated blood lead levels per 10,000	1.5	12	1.1	11.9	1.2	LD	0.6
Carbon monoxide poisoning ED visits per 100,000	6.5	8.7		10.7		9.9	N
Infectious Disease							
Chronic Hepatitis 8 per 100,000 population	7.5	5.8	2_B	7.7	6.1	7.9	N/
Lyme disease incidence per 100,000 population	259.4	154.9	133.5	64.5	154.2	75.7	7.5
Salmonellosis incidence per 100,000 population	22.7	11.7	2.8	25.B	15.2	10.1	17.4
Pertussis Incidence per 100,000 population	2.5	29	5.7	12.9	5.1	15.4	B.S
Conomiea incidence per 190,000 population	7.5	5.8		2.5		20.5	100.1
Chlamydia incidence per 180,000 population	125.4	131.5	318.1	125.7	188.7	232.9	425.0
HIV incidence per 100,000 population	25	0.0	2.8	0.0	1.4	4.1	191
Additional Socio-Economic Status measures		. Interest					
People who speak English less than very well, >5 years	0.4%	0.4%	0.5%	0.3%	0.4%	11.796	8.73
Poverty - total under 100% of the Federal Poverty Level	12.5%					12.6%	-
No current health insurance	13.1%				The second second	10.7%	
Unemployment	7.0%				The second second	7.5%	and the latest state of th
HS graduation rate, 2011.	85.6%					83.8%	
Persons 25 and older with less than a HS education	16.3%	7.676				10.7%	
Disability status	18.0%					15.7%	Name and Address of the Owner, where the Owner, which is the Owner, which
Veterans Status	14.0%					13.2%	
65+ fiving alone	31.2%					29.8%	

data may be unreliable due to small numbers



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

### Penquis District

Updated 5/20/2013

And # Safego Governo - Peop E Machine Communication			Upda	ted 5/20/20	113
Indicators from the "2010 Call to District Action"	Penobscot	Piscataquis County	District Rate	Maine Rate	US Rate
General health status					
Fair or poor health - adults	16.4%	17.3%	16.5%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	4.1	3.8	4.1	3.6	N/
Average number of unhealthy days in the past month (mental health)	4.4	3.6	4.3	3.7	N/
Access	-		2 2 20		
Proportion of persons with a usual primary care provider	90.7%	86.6%	90.1%	88.4%	N/
No dental care in past year	33.7%	35.2%	13.9%	32.4%	N/
Physical Activity, Nutrition and Weight					
Obesity - adults	34,2%	37.5%	34.7%	27.7%	27.5%
Obesity - high school students	15.0%	18.9%	15,4%	12.9%	N/
Overweight - high school students	17.3%	13.3%	16.9%	15.5%	N/
Sedentary lifestyle - adults	23,9%	16.1%	22.7%	22.5%	23.9%
Cardiovascular Health					
High blood pressure	32,2%	37.5%	32.9%	30.0%	28.79
High cholesterol	35.3%	44.9%	36.5%	38,8%	37.5%
Diabetes			- 2330		
Diabetes - adults	10.7%	12.1%	10.9%	8.7%	8.79
Adults with diabetes who have had a A1c test 2x per year	NA	NA	86.6%	79.5%	N/
Diabetes hospitalizations per 100,000 population (principal diagnosis)	148.0	175.2	150.8	118.4	N
Respiratory					Sec. 1
Current asthma - adults	11.6%	11.0%	11.5%	10.0%	9.19
Current asthma - children and youth (ages 0-17)	10.5%	14.8%	11.0%	8.9%	N/
Bronchitis and Asthma ED visits per 100,000 population	1,044	1,147	1.049	1.105	N/
COPD hospitalizations per 100,000 population	288.4	210.6	278.6	198.3	N
Tobacco Úse					
Current smoking - high school students	17.1%	16.4%	17.0%	15.5%	N/
Current smoking - adults	15.7%	22.1%	16.6%	18.2%	17.29
Alcohol Use			-		
Binge drinking - adults	14.0%	10.9%	13.6%	14.5%	15.19
Current alcohol use - high school students	30.3%	27.9%	30.1%	28.0%	N/
Infectious Disease		- I will			
Influenza Vaccine Coverage - Ages 18 Years and Older	5L1%	41.7%	49.7%	47.1%	N/
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	79.4%	NA	78.2%	71.8%	68.89
					_

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

Demographics					
Population	153,923	17,535	171,458	1,328,381	3.08 mil
Population ages 0-17	30,355	3,365	33,720	274,533	0.74 mil
Population ages 65-74	11,696	2,021	13,717	112,651	0.21 mil
Population ages 75+	10,557	1,543	12,100	98,429	0.17 mil
Population Density	45.3	4.4	23.3	43,1	87.4
Population - White, non-Hispanic	94.7%	96.3%	94.8%	94.4%	63,7%
Population - Hispanic	1,1% (1620)	1.0%	1.0%	1.3%	16.3%
- operation - maperile	1.176 (1020)	(169)	[1789]	1,376	10.37
Population - Two or more races	1,5%	1.2%	1.5%		
I obstanous - two or more races	(2349)	(208)	(2557)	1,6%	2.9%
Population - American Indian and Alaska Native	1.2%	0.5%	1.1%	0.6%	0.99
r opulation - American intrian and Austra (Satist	(1809)	(92)	(1901)	U.6%	0,9%

### Penquis Public Health District

Other Key Health Indicators from	Penolecut	Pocataquis	District	Maine	US
the 2012 Maine State Health Assessment	County	County	Nate	State	<b>State</b>
Life expectancy in years (M/F, for 2007)	75.0/80.1	743/805	NA	78.7	78
Oral Health					
Tooth loss to guin disease or tooth decay (6 or more) - adults	19.0%	27.4%	20.3%	19.7%	N
Material and Cirid Health			-		
Low Birth weight, <2500 grams	6.4%	7.7%	6.5%	6.496	8.7
Infant death per 100,000 births	5.9	43	5.8	6.1*	6.4
Live births, for which the mother received early & adequate prenatal care	88.D%	54.0%	87.7%	85.4%	N
Teen birth rate per 1,000 females aged 15-19	23.0	31.4	23.7	24.9	34.
Interv	23.00	33,44	23.7	24.3	-
Suicide deaths per 1.00,000 population	135	21.2	14.3	12.5	11.8
Viplence by current or former intimate partners	NA.	AIC.	0.8%	1.0%*	DI.
Rape or attempted rape	6.04	4.5%	5.8%	11.9%	Di
Non-fatal child maltreatment per L.000 population	153	18.1	15.5	11.9	9.
	7147.77	The second secon			
Motor vehicle crash related deaths per 100,000 population	9.8	10.8	9.9	12.5	11.1
Unintentional poisoning deaths per 100,000 population	143	10.2	13.9	11.4	11
Emergency department visits due to falls among older adults per 100,000	5,951	6,269	5.982	7.325	N
population			التحايضات		
TB   Hospitalizations per 1.00,000 population	84.3	56.3	81.2	B2.3	N
Center					
Sigmoid/colonoscopy (ever) - people age 50 & over	72.3%	66.2%	7JL296	74.2%	65.2
Mammograms in past two years - women age 50 & over	88.9%	75.2%	86.1%	83.6%	77.9
Pap smears in past three years - women age 18 & over	\$1.9%	86.2%	B2.5%	85.0%	<b>展5.0</b>
Mortality - all cancers per 100,000 population	285.8	225.8	208.3	135.0	175.2
Incidence - all cancers per 100,000 population	537.2	522.5	535.5	496.7	456.4
Mental Health	-				
Co-morbidity for persons with mental illness	MA	MA	63.5%	MA	P
Lifetime depression - adults	25.5%	24.4%	25.3%	21.1%*	P
Lifetime anxiety - pelults	17.4%	23.3%	18.3%	17.3%*	N
Alzheimer's disease, dementia & related disorders per 1,000 population	12.4	9.5	12.0	12.0	n
Environmental Realth	and the same				
Homes with elevated radon	7,7%	MA	8.9%	14.8%*	N
Homes with private wells tested for arsenic	31.3%	RA	30.2%	BLA	n
Children with elevated blood lead levels per 10,000 population	0.7	1.9	0.8	LD	0.6
Carbon monovide poisoning ED visits per 180,000 population	6.7		7.0	9.9	D
Infectious Disease	ac.	34.08	7.00	2,4	-
Chronic Hepatitis B per 100,000 population	33	Q.D	2.9	7.9	D
Lyme disease incidence per 100,000 population	7.2	34.4	9.9	75.7	7
Sa knonellosis incidence per 100.000 population	33	-	3.5	10.1	17
Pertussis Incidence per 100,000 population	R9.1	103.3	90.5	15.4	
Conorrhea incidence per 100,000 population	13.7	0.0	12.3	205	100
	187.3	137.8	182.2	232.9	426
Chlamydia incidence per 199,000 population					
HIV incidence per 100,000 population	2.0	D.D	I.B	41	19
Additional Socio-Economic Status measures					
People who speak English less than very well, >5 years	1.0%	0.8%	1.0%	1.7%	8.7
Poverty - total under 100% of the Federal Poverty Level	15.7%	16.2%	15.7%	12.6%	13.8
No current frealth insurance	10.1%	TEA		10.2%	15.0
Unemployment	8.1%			7.5%	8.9
High school graduation rate, 2011.	83.7%	BL3%	83.5%	<b>93.8%</b>	P
Persons 25 and older with less than a HS education	10.5%			10.2%	15.0
Disability status	16.5%				12.0
Veterans Status	12.0%			13.2%	9.5
The state of the s	29.9%			29,8%	27.3



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

#### Western District

Updated 5/20/2013

Pol F Ship Gunner - House Gunner Connections				Upda	ted 5/20/20	)13
Indicators from the "2010 Call to District Action"	Androscoggin	Franklin County	County	District Rate	Maine Rate	US Rate
General health status					1000	
Fair or poor health - adults	15.4%	14,8%	16.0%	15,5%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	4.0	5.6	3.9	4.3	3,8	NA
Average number of unhealthy days in the past month (mental health)	3.5	3.8	3,9	3.7	3.7	NA
Access	1000					
Proportion of persons with a usual primary care provider	89.3%	89,2%	89.2%	89,3%	88.4%	NA
No dental care in past year Physical Activity, Nutrition and Weight	37,4%	31,9%	39,2%	37,0%	32.4%	NA
Obesity - adults	26.0%	33,5%	25.4%	27.1%	27.7%	27.5%
Obesity - high school students	13.5%	10.3%	15.0%	13.7%	12.9%	NA
Overweight - high school students	19.6%	20,0%	17.4%	18.8%	15.5%	NA
Sedentary lifestyle - adults	24.0%	18.3%	21.9%	22.3%	22.5%	23.9%
Cardiovascular Health				1103783	77-9	
High blood pressure	31.3%	28,2%	27.5%	29,5%	30.0%	28.7%
High cholesterol	39.7%	40.8%	38.1%	39.4%	38.8%	37.5%
Diabetes		1000	and the	0.750	COLUMN TO SECOND	400
Ojabetas - adults	8.9%	9.2%	9.2%	9.0%	8.7%	8,7%
Adults with diabetes who have had a ALc test 2x per year	NA	89.2%	81.8%	76.6%	79.5%	NA
Oiabetes hospitalizations per 100,000 population (principal diagnosis)	136.8	128.9	121.8	131.0	118,4	NA
Respiratory				March Service	A HEADON	
Current asthma - adults	8.9%		9,9%	9.1%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	10.4%		9.9%	10.4%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,177	546	1,087	1,057	1,105	NA
COPD hospitalizations per 100,000 population	220.2	318.7	262.2	248.1	198.3	NA
Tobacco Use			-		-	
Current smoking - high school students	14.9%	ASSESSMENT OF THE PERSON NAMED IN	17.2%	15.4%	15.5%	NA
Current smoking - adults Alcohol Use	13.7%	15.7%	21.5%	16.8%	18,2%	17.2%
Binge drinking - adults	11.0%	21.4%	18.2%	15.1%	14.5%	15,1%
Current alcohol use - high school students Infectious Disease	24,6%	31.2%	28.6%	26,8%	28.016	NA
Influenza Vaccine Coverage - Ages 18 Years and Older	47,256	45,7%	47.1%	46.9%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	65.9%	78.9%	NA	68.0%	71.8%	68.8%

for a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amountation among patients with diabetes, the percent of adults with greater than 1.4 days of frequent mental distress, and the number of visit to KeepMC Well.org

Demographics						
Population	107,702	30,768	57,833	196,303	1,320,301	3.00 mil
Population ages 0-17	24,308	€,047	12,317	42,672	274,533	0,74 mil.
Population ages 65-74	7,856	2,921	5,306	16,083	112,651	0.21 mil.
Population ages 75+	7,328	2,239	4,537	14,104	98,429	0.17 mil
Population Density	230,2	18.1	27.8	46.3	43.1	87.4
Population - White, non-Hispanic	91.9%	96.6%	96.1%	78.3%	94.4%	63.7%
Population - Hispanic	1.5%	1.0%	1.0%	1,3%	4 74	16.3%
ropulation - hispanic	(1669)	(315)	(587)	(2571)	1.3%	16,37
Population - Two or more races	2.0%	1.4%	1,5%	1,8%	1.6%	2,9%
Loboration - Late of mora racta?	(2156)	(437)	(890)	(3483)	1.0%	4.37
Population - Black or African-American	3,614	0.2%	0.4%	2.156	1.2%	12.6%
Population - Black of African-Arasin Can	(3931)	(71)	(212)	(4214)	1,476	14.07

### Western Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	Androscoggia	County		District	Maine	US State
Life expectancy in years (M/F, for 2007) Chall Health			74.5/80.0	HA	78.7	78
Tooth less to gum disease or tooth decay (6 or more) - adults Matternal and Child Health	21.6%	21.4%	24.4%	22.4%	19.7%	N
Low Birth weight, <2500 grams per 100,000 births	6.4	7.3	69	5.5	6.4	8
Infant death per 100,000 births	6.3			61	G E	5,1
	0.3	3.4	11.0	0.2	B.L.	STA
Live births, for which the mother received early & adequate	89.1%	81.1%	B7.0%	87.5%	85.4%	H
prerutal care Teen birth rate per 1.000 females ared 15-19	38.3	195	300	32.2	24.9	34
litera Cittu iare per 1,000 temares ages: 15-15	30.3	13.3	30.0	34.2	24.3	
Suiride deaths per 100,000 population	10.9	12.1	12.1	11.4	12.5	111
Violence by current or former intimate partners	MA		NA.	1.5%	1.0%*	N
Rape or attempted rape	6.6%	-		6.5%	11.5%	-
Non-fatal child maltreatment per I_000 population	15.7	F-100	CONTRACTOR OF STREET	14.9	11.9	9
Motor vehicle crash related deaths per 100,000 population	9.6			13.5	12.5	11.
Unintentional poisoning deaths per 100 000 population	10.7	_		10.2	11.4	11
Emergency department visits due to falls among older adults	7.680			7.764	7.325	n
per 100,000 population		100000	-	10000		
TB  Hospitalizations per 100,000 pepulation	93.9	61.6	103.4	94.6	82.3	R
Sigmoid/colonoscopy (ever) - people age 50 & over	70.9%	68.7%	72.2%	70.9%	74.296	65.2
Mammograms in past two years - women age 50 & over	84,0%	80.5%	75.9%	80 944	83.6%	77.9
Pap singurs in past three years - momen age 18 & over	85 196	ALCOHOLD BY	The Control of the Control of the	844 0%	85.D%	25.D
Mortality - ell cancers per 100,000 population	192.3			201.5	196.0	175.
Incidence - all cancers per 100,000 population	491.5		AND REAL PROPERTY.		496.7	455
Mental Health						
Co-morbidity for persons with mental illness	MA	NIA	34.3	48.0%	MA	
Lifetime depression - adults	21.4%	15.6%	20.9%	20.2%	21.1%	1
Lifetime anxiety - adults	15.7%	15.5%	16.8%	15.0%	17.3%*	10
Alcheimer's disease, domentia & related disorders per 1,000	17.1	10.6	ap	10.9	12.0	R
population Environmental Health		-				-
Homes with elevated cadon	13.9%	10.9%	7.2%	11.3%	14.6%*	
				-	-	_
Homes with private wells tested for arsenic	40.9%	Commission of the last of the	WHEN PERSON NAMED IN	35.4%	NA	- 5
Children with elevated blood lead levels per 19,000	2.0		The second second	-	LD	0.0
Carbon monoxide poisoning ED visits per 180,000 population Infectious Disease	18.1			19.3	9.5	,
Chronic Hepatitis B per £00,000 population	6.5			4.5	7.9	
Lyme disease incidence per 100,000 population	54.0	19.5	48.5	47.0	75.7	7
Salmonellosis incidence per £00,000 population	15.8	15.3	10.4	14.3	10.1	17
Pertussis Incidence per 180,000 population	0.9	3.3	5.2	2.5	15.4	
Gonorrhea incidence per 190,000 population	85.7	0.0	10.4	50.0	20.5	100
Chlamydia incidence per 100,000 population	340.8	227.7	161.2	270.1	237.9	424
HIV incidence per 190,000 population	1.5	6.5	Q.D	2.9	4.1	15
Additional Secie-Economic Status measures						
People who speak English less than very well, >5 years	3.5%	1.2%	0.9%	2_4%	1.7%	8.7
Poverty - total under 100% of the Federal Poverty Level	14.3%	15.5%	13.2%	14.2%	12.6%	13.8
No current health insurance	9.88	11.0%	11.8%	10.5%	10.7%	15.0
Unemp loyment	7 596	9.4%	9.7%	2,4%	7.5%	8.9
High school graduation rate, 2011.	79.0%	80.9%	84.3%	81_1%	53.5%	
Persons 25 and older with less than a HS education	13.9%	12.3%	12.5%	13.1%	10.2%	E5.0
Disability status	15.9%	17.1%	18.0%	25.7%	15.7%	12.0
Veterans Status	13.9%	11.5%	14.5%	13.7%	13.2%	9.5
		The State of the S	A STATE OF THE PARTY OF THE PAR	and the second second second second	and the second second second second	

County and District Data from the 2012  Maine State Health Assessment	Yo	rk District	
Chap F and Spy, Georgians - Adapt S. Andrews, Commercial St.		ated 5/20/2013	
Indicators from the "2010 Call to District Action"	District Rate	Maine Rate	US Rate
General health status			
Fair or poor health - adults	12.5%	14.7%	14.99
Average number of unhealthy days in the past month (physical health)	3.5	3.8	N/
Average number of unhealthy days in the past month (mental health)	3,7	3.7	N.
Access		- 100	
Proportion of persons with a usual primary care provider	89.7%	88.4%	N.
No dental care in past year	28,9%	32,4%	N
Physical Activity, Nutrition and Weight			
Obesity - adults	28,8%	27.7%	27.59
Obesity - high school students	11.6%	12,9%	N.
Overweight - high school students	15.6%	15.5%	N
Sedentary lifestyle - adults	22,2%	22.5%	23.99
Cardiovascular Health			1
High blood pressure	28.7%	30.0%	28.79
High cholesterol	40.2%	38.8%	37.55
Diabetes	THE WAY		WILL ST
Diabetes - adults	7.4%	8.7%	8.79
Adults with diabetes who have had a A1c test 2x per year	84.0%	79.5%	N
Diabetes hospitalizations per 100,000 population (principal diagnosis)	94.7	118.4	N
Respiratory			
Current asthma - adults	9.7%	10.0%	9.15
Current asthma - children and youth (ages 0-17)	9.3%	8.9%	N
Bronchitis and Asthma ED visits per 100,000 population	1,286	1,105	N
COPD hospitalizations per 100,000 population	158.6	198.3	N
Tobacco Use	130,0	130,3	
Current smoking - high school students	15.5%	15.5%	N
Current smoking - adults	19.7%	18.2%	17.29
Alcohol Use	4.7.774	10,276	17.4
		44.00	40.44
Singe drinking - adults	16.8%	14.5%	15.19
Current alcohol use - high school students Infectious Disease	29.3%	28,0%	N
Influenza Vaccine Coverage - Ages 18 Years and Older	49.0%	47.1%	N
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	72.0%	71.8%	68.89
or a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, con typertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled dia extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of from 10 KeepME Well.org	ngestive heart failur Detes hospitalizatio	e hospitalization ons, the rate of k	t, Iwer-
Demographics			Tour-T
Population	197,131	1,328,341	3.08 m
Population ages 0-17	42,091	274,513	0.74 mi
Population ages 65-74	16,306	112,451	0,21 m
Population ages 75+	14,047	98,419	0.17 m
Population Density	199.0	43.1	87.
Population - White, non-Hispanic	95.6%	94.4%	63.7
Population - Hispanic	1.3% (2478)	1.3%	16,39
Population - Two or more races	1.4% (2731)	1.6%	2.99
Population - Asian	1.1% (2096)	1.0%	4.8
Population - Stack or African American	0 684 /11081	1 244	12.60

1,2%

0.6% (1108)

12.6%

Population - Black or African American

### York Public Health District

Other Key Health Indicators from the 2012 Maine State Health Assessment	District Bate		US Rate
Life expectancy in years (M/F, for 2007)	77.0/81.5	7E.7	78.
Oral Health			
Tooth loss to gam disease or tooth decay (6 or more) - adults	17.0%	19.7%	п
Material and Child Realth			200
Low Birth weight, <2500 grams per 100,000 births	6.5	5.4	8.
Infant death per 100,000 births	5.7	5.1*	6.4
Live births, for which the mother received early & adequate prenatal care	86.7%	85.4%	21
Teen birth rate per 1,000 females aged 15-19	20.1	24.9	34.
Injury			
Suicide deaths per 100,000 population	13.7	12.6	PPS
Violence by current or former intimate partners	2.3%	1.0%	20
Rape or attempted rape	5.3%	11.9%	31
Non-fatal child maltrestment per 1,000 population	12.4	11.9	9.
Motor vehicle crash related deaths per 199,000 population	11.3	12.5	EL1
Unintentional poisoning deaths per 100,000 population	11.0	11.4	11
Emergency department visits due to falls among older adults per 190,000 population	7,945	7,325	10
TBI Hospitalizations per 190,000 population	64.5	B2.3	10
Cencer			
Sigmoid/colonoscopy (ever) - people age 50 & over	78.5%	74.2%	65.2
Mammograms in past two years - women age 50 & over	85.7%	B3.6%	77.9
Pap omeans in past there years - women age 18 & over	85.7%	RS 0%	85.0
Mortality - all cancers per 100,000 population	186.3	196.0	175.1
The Committee of the Co	486.6	496.7	456.4
fruidence - all cancers per 100,000 population	46003	430.7	1000.1
And the state of t	44.00		
Co-morbidity for persons with mental il kness	44.6%	NA THE	- 4
Lifetime depression - adults	19.5%	21.1%*	N
Lifetime anxiety - adults	15.3%	17.3%	31
Alcheimer's disease, dementia & related disorders per 1,000 population	11.0	12.0	i.
Environmental Health			
Flormes with elevated radon	13.9%	14.9%*	10
Flornes with private wells tested for arsenic	43.7%	MA	
Children with elevated blood lead levels per 10,000 population	Q.9	1.0	0.1
Carbon monoxide poisoning ED visits per 100,000 population	8.6	9.9	11
Infectious Disease		10 11	
Owonic Hepatitis B per 100,000 population	4.5	7.9	Ti Iti
Lyme disease incidence per 100,000 population	99.9	75.7	7
Salmonellosis incidence per 100,000 population	13.1	10.1	17
Pertussis Incidence per 100,000 population	25	15.4	8
Gonorrhea insidence per 100,000 population	7.5	20.5	100
Chlamydia incidence per 100,000 population	237.6	732.9	426
HIV incidence per 100,000 population	45	4.1	19
Additional Socio-Economic Status measures			
People who speak English less than very well, >5 years	LFA	1.7%	8.7
Poverty - total under 100% of the Federal Poverty Level	8.5%	and the second s	13.8
No current health insurance	9.3%	19.2%	15.0
Unemployment.	6.876	7.5%	8.9
High school graduation rate, 2011	84.2%	83.8%	- 10
Persons 25 and older with less than a HS education	9.9%	10.2%	15.0
Cisability status	13.5%	15 7%	12.0
Veterans Status	13.4%	13.2%	9.5
65+ Ining alone	27.9%	29.8%	27.3

### III. Next Steps

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

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

### State Health Improvement Plan (SHIP) Priorities

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

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

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

#### Selection Criteria Established for SHIP Priorities

Cate	Categorical selection criteria		Infrastructure selection criteria		
1.	Magnitude of measure disparity between various groups (e.g., county versus other county, state, or federal comparisons;	7.	Alignment with national, state or local health objectives, including organizational strategic goals		
	comparisons between various groups)	8.	Effectiveness of Improvements		
2.	Economic burden on the population, using mortality rates, prevalence, and incidence as proxy measures	9. 10.	Feasibility of Implementation of Improvements Time and money that could be saved with infrastructure improvements		
3.	Integration with primary care, behavioral health care and hospitals	11.	Magnitude of measure disparity between various groups (between public health districts, using the		
4.	Alignment with national, state or local health objectives, including organizational strategic goals	12	local public health system assessments, Maine versus the national averages) Integration with primary care, behavioral health		
5	Effectiveness of Interventions	12.	care and hospitals		
6.	Feasibility of Implementation of		care and nospitals		
0.	Interventions				

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

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

### District Public Health Improvement Plans (DPHIP) Priorities

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

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

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

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

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

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

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

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

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

District: Midcoast	
Categorical Priorities	Infrastructure Priorities
Process Underway-Not available  * See end note	Process Underway-Not available

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

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

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

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

### **IV. Contact Information**

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

Sharon Leahy-Lind, Director, Division of Local Public Health, Maine CDC

Telephone: 207-287-5345

Email: <a href="mailto:sharon.leahy-lind@maine.gov">sharon.leahy-lind@maine.gov</a>

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

Nancy Birkhimer, Director, Public Health Performance Improvement

Telephone: 207-287-5716

Email: nancy.birkhimer@maine.gov

### APPENDIX A

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

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

NA = not available

Orange = significantly worse than Maine

Green = significantly better than Maine

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

Indicator	Data source	Year(s)	Other notes
Tobacco Use			
Smoking - high school students	MIYHS	2009	
Current smoking - adults	BRFSS	2010	
Alcohol Use			
Binge drinking - adults	BRFSS	2010	7,000,000,000
Alcohol use - high school students	MIYHS	2009	
Infectious Disease			
Influenza Vaccine Coverage - Ages 18 Years and Older	BRFSS	2010	In the last 12 months
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	BRFSS	2010	Ever
Demographics	Weign to		
Population	US Census	2010	
Population ages 0-17	US Census	2010	
Population ages 65-74	US Census	2010	
Population ages 75+	US Census	2010	
Population Density (people per square mile of land)	US Census	2010	
Population - White, non-Hispanic	US Census	2010	
Population - Hispanic	US Census	2010	
Population - Two or more races	US Census	2010	
Other Key Health Indicators from the 2012 Maine State Health Assessment			
Life expectancy in years (M/F, for 2007)	Kaiser Family Foundation	2007	Only sex-specific data is presented for county and public health districts
Oral Health			
Tooth loss to gum disease or tooth decay (6 or more) - adults	BRFSS	2010	
Maternal and Child Health			
Low Birthweight, <2500 grams per 100,000 births	Maine DRVS	2008-2010	3 years of data aggregated
nfant death per 100,000 births	Maine DRVS	2000-2009	10 years of data aggregated
Live births, for which the mother received early & adequate prenatal care	Maine DRVS	2008-2010	3 years of data aggregated - Kotelchuck scale
Teen birth rate per 1,000 females aged 15-19	Maine DRVS	2006-2010	5 years of data aggregated

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

Indicator	Data source	Year(s)	Other notes
Infectious Disease			
Chronic Hepatitis B per 100,000 population	Maine CDC HIV/STD/Viral Hepatitis Program	2011	
Lyme disease incidence per 100,000 population	Maine CDC Infectious Disease Epidemiology Program	2011	
Salmonellosis incidence per 100,000 population	Maine CDC Infectious Disease Epidemiology Program	2011	
Pertussis Incidence per 100,000 population	Maine CDC Infectious Disease Epidemiology Program	2011	
Gonorrhea incidence per 100,000 population	Maine CDC Infectious Disease Epidemiology Program	2011	
Chlamydia incidence per 100,000 population	Maine CDC HIV/STD/Viral Hepatitis Program	2011	
HIV incidence per 100,000 population	Maine CDC HIV/STD/Viral Hepatitis Program	2011	
Additional Socio-Economic Status measures			
People who speak English less than very well, >5 years	US Census	2010	
Poverty - total under 100% of the Federal Poverty Level	US Census	2010	
No current health insurance	US Census	2010	
Unemployment	US BLS	2010	
HS graduation rate, 2011	Maine DOE	2010	
Persons 25 and older with less than a HS education	US Census	2010	
Disability status	US Census	2010	
Veterans Status	US Census	2010	7
65+ living alone	US Census	2010	

BRFSS = Behavioral Risk Factor Surveillance System

Maine DOE = Maine Department of Education

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

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

MIYHS = Maine integrated Youth Health Survey

US BLS = United States Bureau of Labor Statistics

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

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

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