

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

HEALTH & WELLNESS INDICATORS	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error	MAINE State ± Margin of Error	UNITED STATES	Benchmark State (healthiest)
Adolescent Smoking Prevalence (percent of 6-12 graders) [2006]	15.3 (±0.6)	14.4 (±0.5)	11.9 (±0.3)	16.0 (±0.6)	14.8 (±0.5)	16.1 (±0.6)	13.3 (±0.4)	12.5 (±0.4)	13.8 (±0.2)	23.0 [2005]	UT: 7.4 ID: 15.8 [2005] HS only
Adult Smoking Prevalence (percent who are current smokers) [2006]	28.4 (±7.8)	23.1 (±4.7)	16.3 (±3.7)	24.8 (±5.7)	18.2 (±3.1)	26.7 (±4.9)	17.6 (±3.9)	21.7 (±5.5)	21.0 (±1.6)	20.1	UT: 9.8 CA: 14.9
High School Youth Overweight or Obese (percent) [2005]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	25.0	26.3	CO 20.1
Adults Overweight or Obese (percent) [2006]	55.0 (±8.2)	63.9 (±5.7)	52.8 (±5.1)	60.9 (±6.1)	60.9 (±4.1)	64.7 (±5.3)	59.4 (±5.3)	64.9 (±5.5)	60.2 (±2.0)	61.6	CO + UT 54.9
Adults Reporting Fair or Poor Health Status in last 30 days (percent) [2006]	15.4 (±5.4)	16.5 (±4.0)	11.0 (±2.9)	16.7 (±4.3)	11.7 (±2.5)	18.7 (±4.0)	11.7 (±2.8)	11.0 (±3.5)	13.6 (±1.3)	14.7	MN 10.8

SOURCES AND TECHNICAL NOTES

<p>There are three (3) DHHS Districts whose jurisdictional borders follow a single county [Aroostook, Cumberland, and York] and five (5) DHHS Health District jurisdictions that cover either 2, 3, or 4 counties [Central, Downeast, Midcoast, Penquis, Western Districts.]</p>	<p>Highlighted cells are those that may be significantly different than the state rate because the data fall outside the margin of error.</p>	<p>Race / ethnicity estimates herein reflect one type of Census format so that when a person of more than one race is counted, he or she is counted in more than one racial category. This will result in a total count higher than the actual total population count for the jurisdiction when it comes to race / ethnicity.</p>	<p>What is measured to compare disease burden by District is not always what should be measured to compare state to national data (which is not always age-adjusted.)</p>	<p>Differences in methodology for data calculations may be too great to directly compare District or State data with US or Benchmarking State data sets such as found in <i>Healthy People 2010</i>, or the Commonwealth, Kaiser, or United Health Foundation indicators ranking projects. They are still informative so they have been included.</p>	<p>Indicators change over time, especially those that depend in coding regulations, which themselves change.</p>	<p>Data for the single county Districts are sometimes calculated differently than those of multi-county Districts. For example, median ages are not comparable across Districts, but still provide useful information.</p>	<p>Many other complicated factors, such as when the population (Census) changes, means rates are not always comparable.</p>
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