2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS Maine Center for Disease Control and Prevention/DHHS DISTRICT SUBSTANCE ABUSE AND Bench-UNITED mark MAINE MENTAL HEALTH **STATES** State State Aroostook Central Cumberland Downeast Midcoast **Penquis** Western York **INDICATORS** (healthiest) ± Margin of Error Adults With 14 or More Days of 9.7 MN 13.6 11.3 7.0 10.3 12.1 8.7 8.4 10.0 10.2 Frequent Mental Distress in the 6.7 (± 5.1) (± 3.0) (± 3.2) (± 2.8) (± 2.6) (± 3.7) (± 2.6) (± 3.4) (± 1.2) (± 0.6) Past Month (percent) [2006] Adults With Current Symptoms of ND 5.8 9.1 6.5 7.8 6.1 13.3 5.6 7.0 7.6 Moderate or Severe Depression 5.6 n/a (± 3.3) (± 2.9) (± 3.1) (± 1.0) (± 2.7) (± 2.2) (± 3.9) (± 2.0) (± 3.1) (percent) [2004-2006] [2006] Suicide Deaths (age 10 and older, NY 12.7 16.2 12.0 15.2 16.9 13.9 15.0 13.5 13.9 12.6 rate per 100,000) [2001-2005] (± 3.9) (±2.9) (±2.0) (± 3.9) (± 2.9) (± 1.0) 7.2 (± 3.1) (± 2.8) (± 2.4) Previous 30-Day Alcohol Use UT: 15.8 43.3 Among 9th-12th Graders (percent) 37.3 36.7 39.2 42.3 41.6 38.0 43.9 40.7 40.3 HI: 34.8 [2005] [2006] [2005] Adults Who Have Participated in ΚY 14.4 Binge Drinking in the Past 30 Days 25.2 27.8 27.3 26.3 27.6 29.8 31.4 24.1 27.8 (median%) 8.6 (percent) [2004] 25.5 Binge Drinking Within the Last UT: 8.8 Last 30 2 Weeks Among 9th-12th Graders 18.4 19.5 22.0 20.8 23.9 22.9 21.7 22.3 21.6 HI: 18.8 days (percent) [2006] [2005] [2005] Previous 30-Day Prescription Drug Misuse Among 9th-12th Graders 5.4 8.0 7.6 6.5 9.4 8.5 8.8 9.6 8.2 n/a n/a (percent) [2006] Substance Abuse Admissions 1,275 1.204 2,426 1.141 878 1,391 901 802 10.018 n/a n/a (number among all ages) [2006]

CULIDATE	VIII	TECHNICAL	NOTES
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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.]

Highlighted cells are those that may be significantly different than the state rate because the data fall outside the margin of error.

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.

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 ageadjusted.)

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 *Healthy* People 2010, or the Commonwealth, Kaiser, or United Health Foundation indicators ranking projects. They are still informative so they have been included.

Indicators change over time, especially those that depend in coding regulations, which themselves change. 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.

Many other complicated factors, such as when the population (Census) changes, means rates are not always comparable.