

PENQUIS DISTRICT:

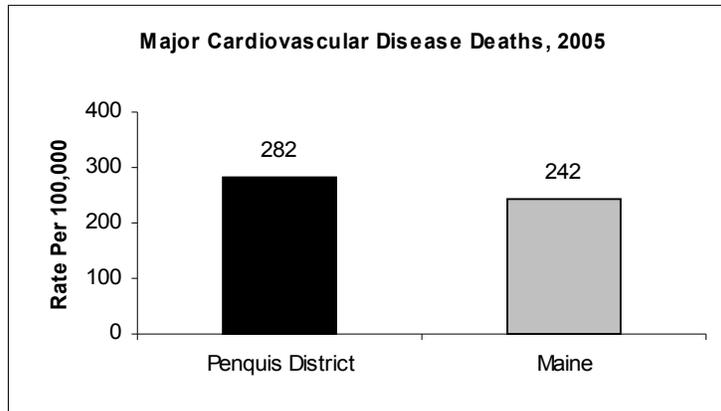
Chronic Diseases

Cardiovascular Disease

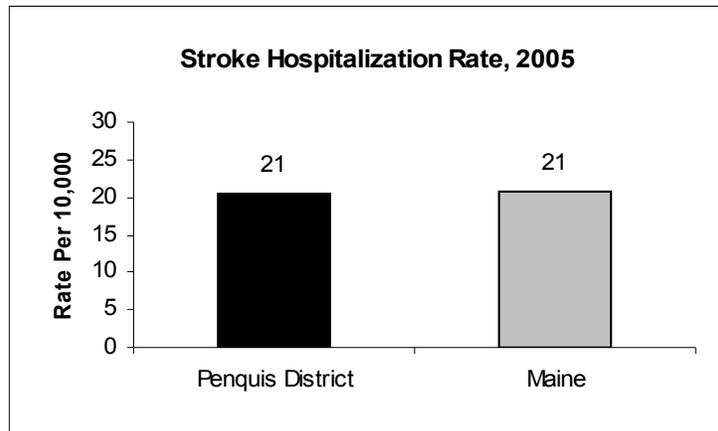
Cardiovascular disease refers to a group of diseases and conditions affecting the heart and blood vessels, and is the leading killer of adults in Maine. Heart disease, stroke, and hypertension among other conditions, also create a vast burden of illness and need for health care in Maine.

Cardiovascular disease is not an inevitable consequence of life. Many cardiovascular diseases can be prevented or modified through basic healthy lifestyle choices. Screening and early identification of disease and those at risk of disease, and monitoring of blood pressure and cholesterol, changes in health care delivery, and policies and environments that support healthy choices can make a difference.

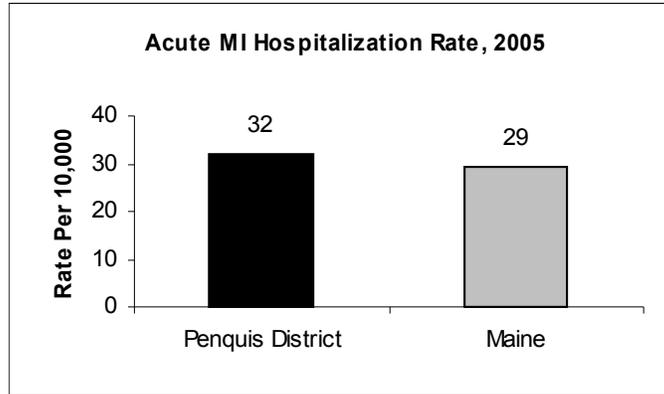
The Maine CDC’s Cardiovascular Health Program and links to many partners can be found at www.maine.gov/dhhs/boh/hmp/mcvhp/.



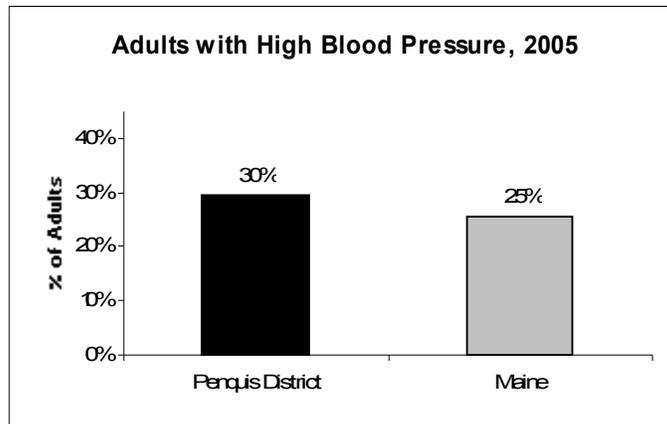
Source: 2005 Maine Office of Data, Research and Vital Statistics; Age-adjusted to 2000 U.S. Standard Population



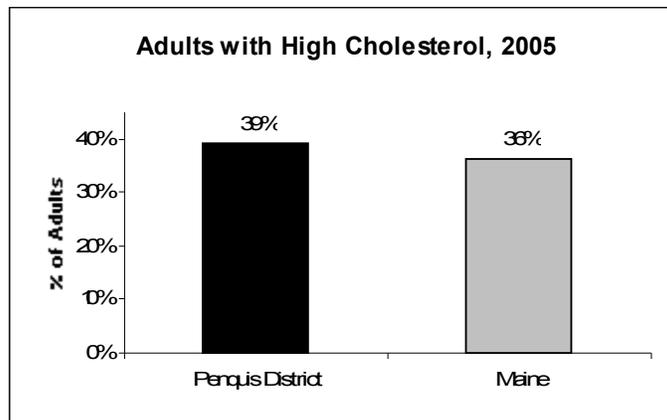
Source: 2005 Maine Hospital Discharge Datasets; Age-adjusted to 2000 U.S. Standard Population



Source: 2005 Maine Hospital Discharge Datasets; Age-adjusted to 2000 U.S. standard population



Source: 2005 BRFSS



Source: 2005 BRFSS

MAINE CDC – December 2007

	Penquis District Number	Penquis District Rate or Percent (± Margin of Error)	Maine State Rate or Percent (± Margin of Error)
Major CVD Deaths ¹	526	282.2 (±24.1) (per 100,000)	242.0 (±7.6) (per 100,000)
Stroke Hospitalizations ²	388	20.6 (±2.0) (per 10,000)	20.7 (±0.7) (per 10,000)
Acute Myocardial Infarction Hospitalizations ²	603	31.9 (±2.5) (per 10,000)	29.2 (±0.8) (per 10,000)
High Blood Pressure Among Adults ³	N/A	29.6% (±4.7)	25.4% (±1.6)
High Cholesterol Among Adults ³	N/A	39.1% (±5.5)	36.4% (±2.0)

1) Source: 2005 Maine Office of Data, Research and Vital Statistics; Age-adjusted to 2000 U.S. standard population

2) Source: 2005 Maine Hospital Discharge Datasets; Age-adjusted to 2000 U.S. standard population

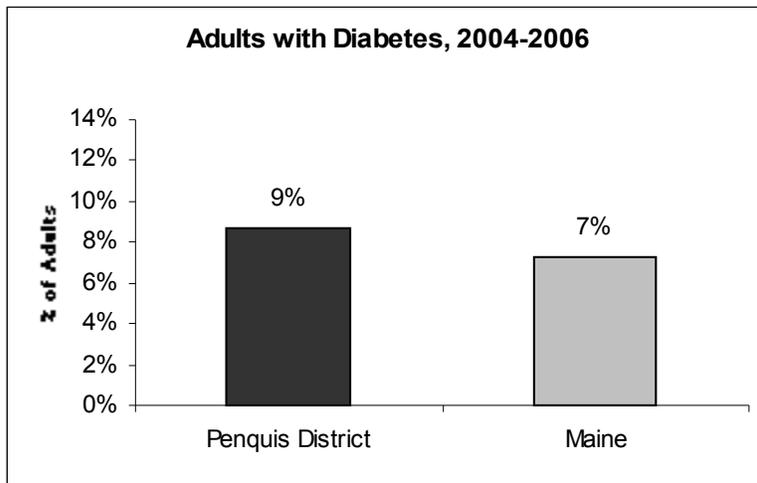
3) Source: 2005 BRFSS: Ever told by a doctor

Diabetes

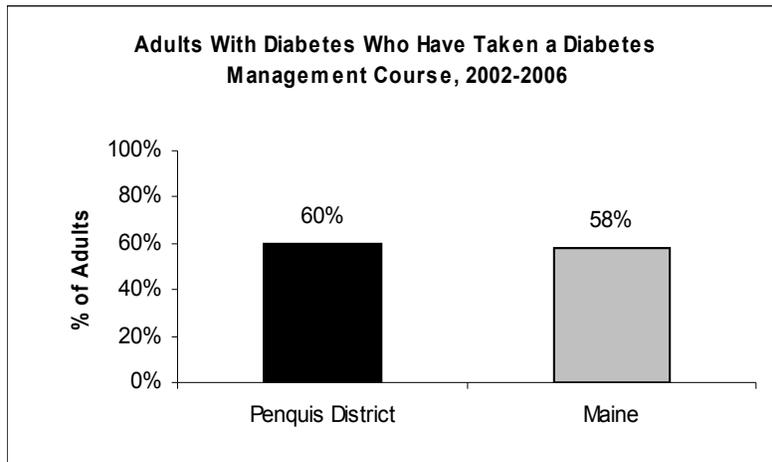
Diabetes mellitus, if left unidentified or managed poorly, can lead to problems that include urgent emergency department visits and hospitalizations, a higher risk of heart attack, blindness, kidney disease, or amputation. Most cases of diabetes are preventable or lead to a chronic condition that can be managed only if adequate supports are available and used.

Many Mainers are currently at risk for or have diabetes but are unaware of it. Once diagnosed, diabetes is a challenging disease with which to live, and creates costs for families, employers, communities, and the State's health care safety net system.

For more information, contact the Maine Diabetes Prevention and Control Program at www.maine.gov/dhhs/bohdcfh/dcp/.



Source: 2004-2006 BRFSS: Non-Gestational Diabetes Prevalence



Source: 2002-2006 BRFSS; among those with diabetes

MAINE CDC – December 2007

	Penquis District Number	Penquis District Rate or Percent (± Margin of Error)	Maine State Rate or Percent (± Margin of Error)
Diabetes Mortality ¹	50.8 (avg. per year)	28.4 (±3.5) (per 100,000)	25.8 (±1.1) (per 100,000)
Diabetes Hospitalizations ²	215	12.3 (±1.6) (per 10,000)	10.5 (±0.5) (per 10,000)
Non-Gestational Diabetes Prevalence (%) Among Adults ³	N/A	8.7% (±1.6)	7.3% (±0.6)
Adults With Diabetes Who Have Taken a Diabetes Management Course ³	N/A	59.6% (±8.4)	58.1% (±3.1)
Hemoglobin A1c Test at Least Once a Year ³	N/A	88.0% (±6.5)	91.9% (±2.0)

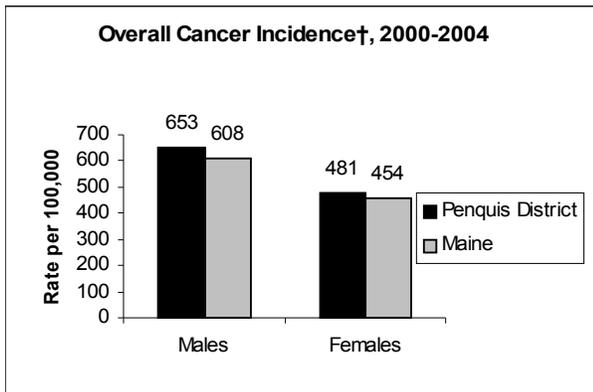
- 1) Source: 2001-2005 Maine Office of Data, Research and Vital Statistics; (ICD)-10 codes E10–E14
- 2) Source: 2005 Maine Hospital Discharge Datasets, (ICD)-10 codes E10–E14; Age-adjusted to 2000 U.S. Standard Population
- 3) Source: 2004-2006 BRFSS

Cancer

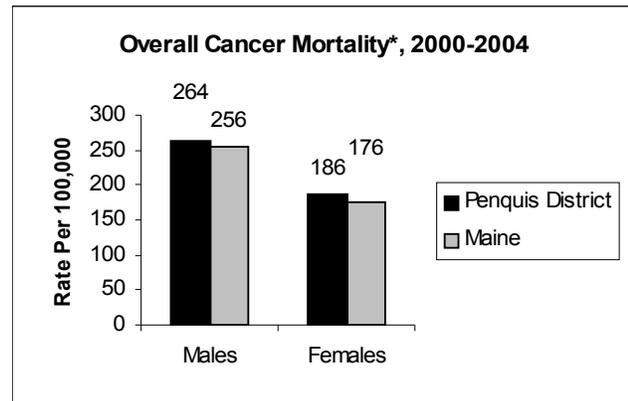
Cancers are caused by modifiable risk factors, by genes, and influenced by environmental factors. Four cancers account for the majority of new cancer diagnoses: lung, colorectal, female breast, and in men, prostate. It is the second leading cause of death in Maine.

Data are collected and analyzed by the Maine CDC's certified Maine Cancer Registry to monitor trends and investigate possible cancer clusters. The Maine Comprehensive Cancer Program supports strategic planning in partnership with its nonprofit partners and provides targeted prevention activities if there are gaps as identified in the Maine Cancer Plan. The Maine Breast and Cervical Cancer Program reduces disparities in health by supporting outreach and screening for breast and cervical cancer in women at risk who cannot afford them.

Contact Maine's cancer programs at www.mainepublichealth.gov



†Source: 2000-2004 Maine Cancer Registry, Maine CDC

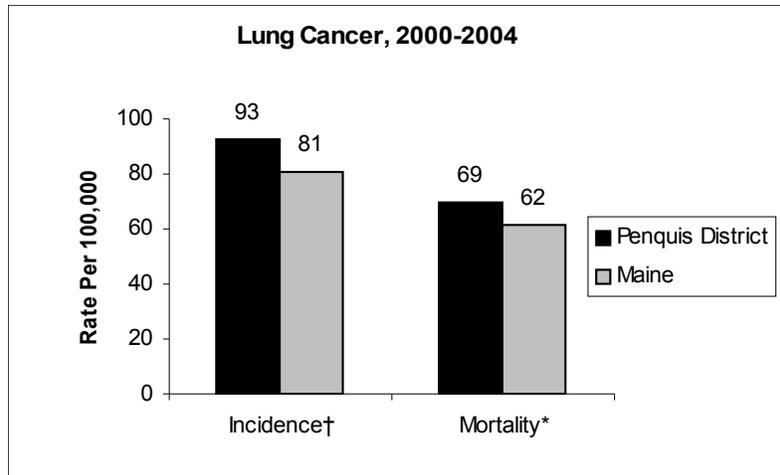


Source: 2000-2004 National Center for Health Stats data

	Penquis District Rate (± Margin of Error) Male	Penquis District Rate (± Margin of Error) Female	Maine State Rate (± Margin of Error) Male	Maine State Rate (± Margin of Error) Female
Overall Cancer Incidence† Rate (Per 100,000)	653.4 (±26.1)	481.3 (±19.8)	608.3 (±8.6)	454.2 (±6.7)
Overall Cancer Mortality* Rate (Per 100,000)	263.7 (±17.1)	185.5 (±12.1)	255.6 (±5.7)	175.6 (±4.1)

†Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS

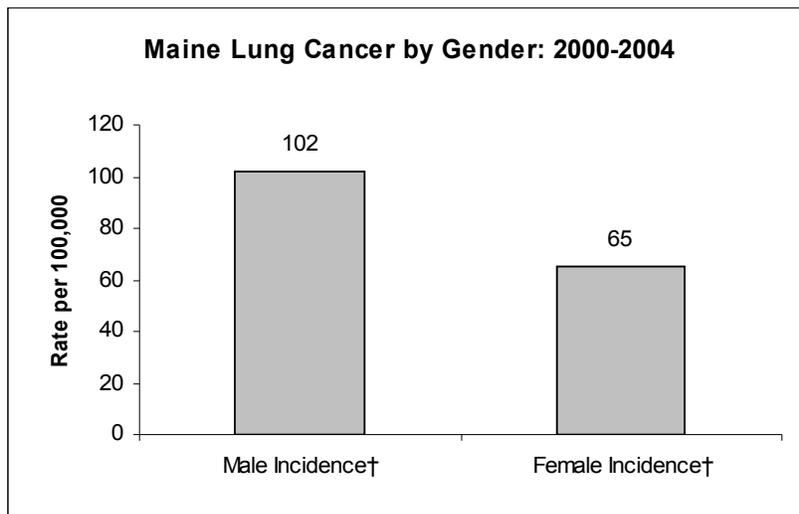
*Source: 2000-2004 National Center for Health Statistics data



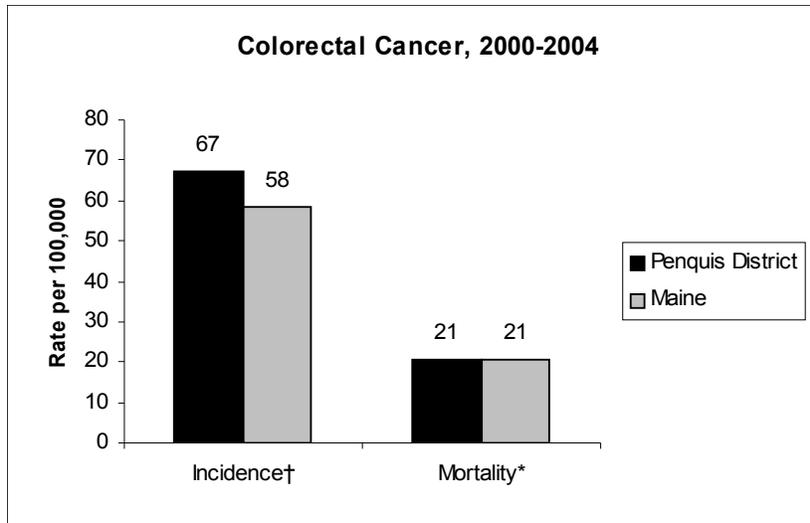
†Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
 *Mortality Source: 2000-2004 National Center for Health Statistics data

	Penquis District Rate (± Margin of Error)	Maine State Rate (± Margin of Error)
Lung Cancer Incidence† Rate (Per 100,000)	92.9 (±6.4)	80.6 (±2.1)
Lung Cancer Mortality* Rate (Per 100,000)	69.4 (±5.5)	61.5 (±1.8)

†Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
 *Mortality Source: 2000-2004 National Center for Health Statistics data



†Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS



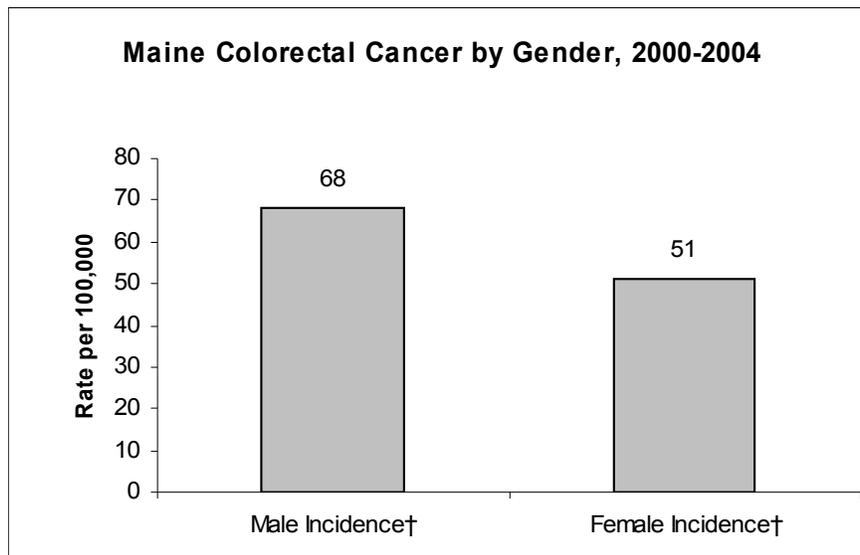
†Incidence Source: Maine Cancer Registry, Maine CDC, DHHS

*Mortality Source: 2000-2004 National Center for Health Statistics data

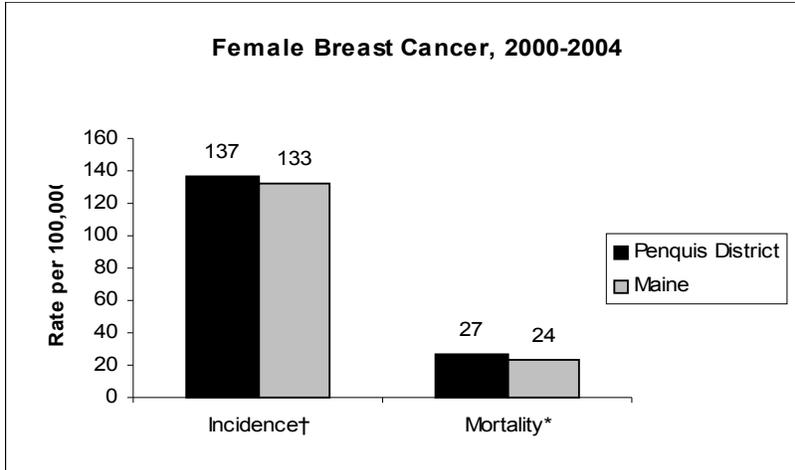
	Penquis District Rate (± Margin of Error)	Maine State Rate (± Margin of Error)
Colorectal Cancer Incidence† Rate (Per 100,000)	67.1 (±5.5)	58.4 (±1.8)
Colorectal Cancer Mortality* Rate (Per 100,000)	20.5 (±3.1)	20.5 (±1.1)

†Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS

*Mortality Source: 2000-2004 National Center for Health Statistics data



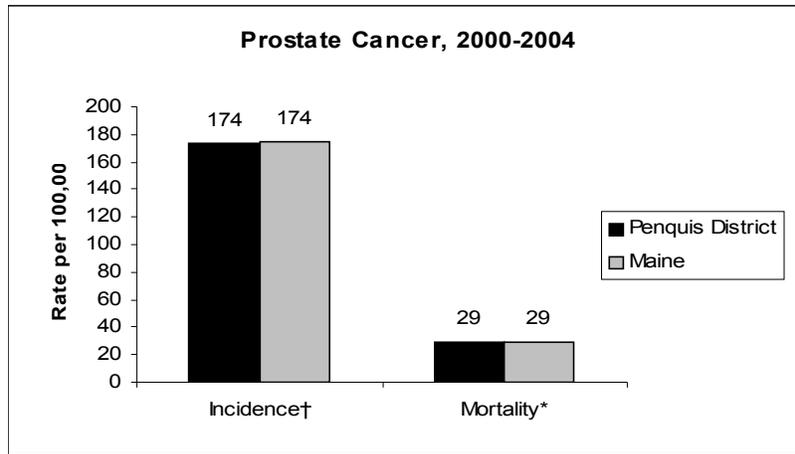
†Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS



†Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
 *Source: 2000-2004 National Center for Health Statistics data

	Penquis District Rate (± Margin of Error)	Maine State Rate (± Margin of Error)
Female Breast Cancer Incidence† Rate (Per 100,000)	136.7 (±10.7)	132.5 (±3.6)
Female Breast Cancer Mortality* Rate (Per 100,000)	26.5 (±4.7)	23.7 (±1.5)

†Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
 *Mortality Source: 2000-2004 National Center for Health Statistics data



†Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
 *Source: 2000-2004 National Center for Health Statistics data

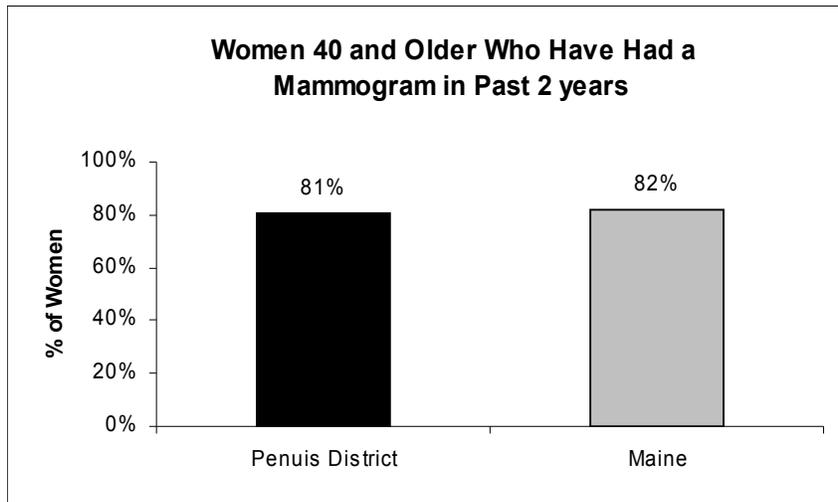
	Penquis District Rate (± Margin of Error)	Maine State Rate (± Margin of Error)
Prostate Cancer Incidence† Rate (Per 100,000)	173.8 (±13.4)	174.5 (± 4.6)
Prostate Cancer Mortality* Rate (Per 100,000)	28.9 (±6.3)	28.5 (±2.1)

†Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
 *Mortality Source: 2000-2004 National Center for Health Statistics data

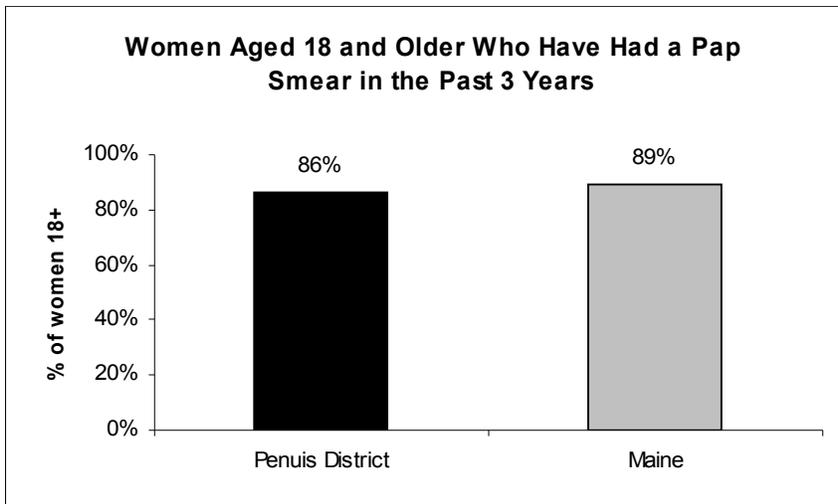
Cancer Screening

Screening tests for breast, colorectal, and cervical cancer have contributed to declines in death due to these cancers. Colonoscopies and pap smears have preventive aspects critical to early detection and treatment.

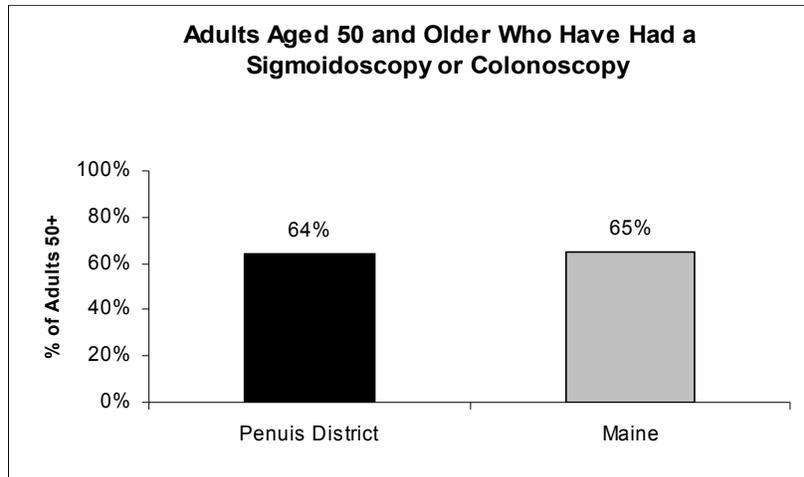
The early detection of cancer is the most effective way to improve the chances of a positive outcome through treatment. Additional information on cancer screening can be obtained from Maine CDC's Comprehensive Cancer Control Program at: www.maine.gov/dhhs/boh/ccc.html.



Source: 2006 BRFSS



Source: 2006 BRFSS



Source: 2006 BRFSS

	Penquis District Percent (± Margin of Error)	Maine State Percent (± Margin of Error)
Mammogram Among Women 40 and Older (Past 2 years) ¹	84.7 (±5.5)	82.0 (± 2.0)
Pap Smear Among Women 18 and Older (Past 3 Years) ²	89.6 (±5.3)	89.4 (± 1.6)
Sigmoidoscopy/colonoscopy Among Adults 50 and Older ³	71.8 (±6.3)	64.6 (± 2.4)

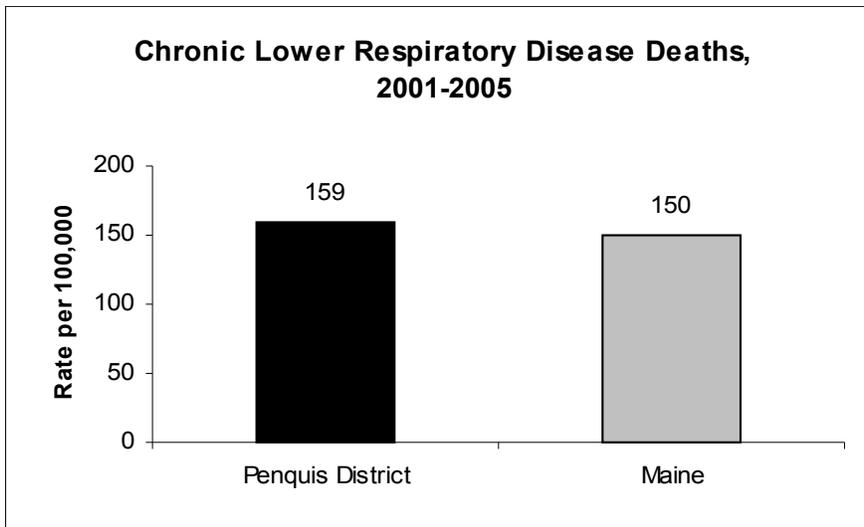
- 1) Source: 2006 BRFSS: % of women 40 years and older who have had a mammogram in the past 2 years
- 2) Source: 2006 BRFSS: % of women 18 years and older who have had a pap smear within the past 3 years
- 3) Source: 2006 BRFSS: % of adults 50 years and older who have had a sigmoidoscopy or colonoscopy

Respiratory Health

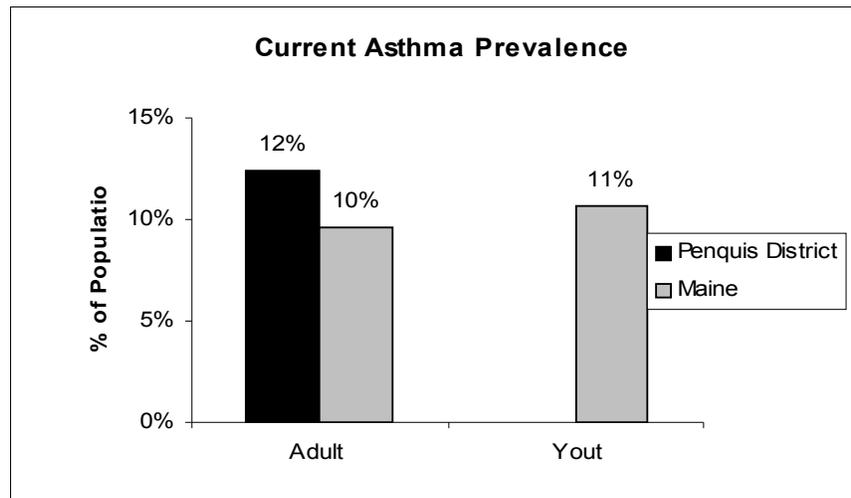
Chronic respiratory diseases include chronic obstructive pulmonary disease (COPD) and asthma, and affect approximately one in eight people in Maine. COPD is largely a result of tobacco smoke and primarily affects older adults. Asthma affects people of all ages and is increasing in Maine at a dramatic rate.

Data on chronic lower respiratory disease [includes COPD] and on asthma are collected through Maine vital records, hospital data, and state surveys.

Information on asthma can be found at Maine Asthma Control and Prevention Program at: www.maine.gov/dhhs/bohdcfh/mat/index.html and its links to its many state and local partners.



Source: 2001-2005 Maine Office of Data, Research and Vital Statistics



Source: 2006 BRFSS, 2003 NCHS
*District level data on youth not available from NCHS

MAINE CDC – December 2007

	Penquis District Number	Penquis District Rate or Percent (± Margin of Error)	Maine State Rate or Percent (± Margin of Error)
Chronic Lower Respiratory Disease Deaths Among Adults 45 and Older ¹	99.4 (avg. per year)	159.4 (±14.0) (per 100,000)	150.2 (±4.6) (per 100,000)
Adult Asthma Prevalence (%) ²	N/A	12.4% (±3.3)	9.6% (±1.2)
Child & Youth Asthma Prevalence (17 and Younger) ³	N/A	N/A	10.7% (±1.5)
Asthma Emergency Department Visits ⁴	1,157	71.5 (±2.5) (per 10,000)	66.1 (±1.4) (per 10,000)

1. Source: 2001-2005 Maine Office of Data, Research and Vital Statistics; ICD-10: J40-J47; Age-adjusted to 2000 U.S. standard population (45 and Older)
2. Source: 2006 BRFSS: % of adults with current asthma
3. Source: 2003 NCHS; Note: NCHS data not available at district level
4. Source: 2004 Maine Hospital Discharge Datasets; Age-adjusted to 2000 U.S. Standard Population