

## General Health and Mortality, 2012

While it is essential to understand the causes, risk factors, and other specifics of the population's health status, broad measures of health and mortality can also help to understand the overall status and needs of the population and in which populations there are disparities. General health status can be measured by self-reported data as well as by mortality-related data such as life expectancy, leading causes of death and years of potential life lost.

In 2010, 85.3% of Maine adults reported their health as excellent, very good or good. This was not significantly different from adults in the United States. Life expectancy in Maine at 78.7 years is also similar to the national life expectancy of 78.6 years, and has increased by four years since 1981. The top five leading causes of death in Maine, listed from first to fifth leading cause, are cancer, heart disease, chronic lower respiratory disease, cerebrovascular disease (stroke), and unintentional injuries. While these are the same top five leading causes as for the United States, there are important differences in the rank order among the top five. In the U.S., heart disease is the leading cause of death while in Maine cancer is the leading cause of death (and heart disease is the second leading cause). Also, in the U.S., cerebrovascular disease is the third leading cause of death, but in Maine chronic lower respiratory disease is the third leading cause of death (and cerebrovascular disease is fourth).<sup>1</sup>

General health and mortality measures chosen for the State Health Assessment include<sup>1</sup>:

- General Health Status Reported by Maine Adults
- Average Days In the Past Month for Which Mental Health Was Not Good
- Average Days in the Past Month for Which Physical Health Was Not Good
- Life Expectancy at Birth
- Leading Causes of Death
- Years of Potential Life Lost (YPLL) before Age 65



While most of the State Health Assessment focuses on health status and secondarily on behaviors that promote health, the quality of the health care we provide also impacts our health. The Maine Quality Forum focuses on the data that can drive high quality health care and consumer knowledge in making choices regarding their care. The State Health Assessment focuses on a few indicators that provide a small sample of the status of health care quality in Maine.

Immunization from infectious disease has led to a major public health accomplishment in the last century. Continued immunization can significantly reduce illness and death from a number of causes. Recommendations for immunizations have expanded from those for children and the elderly to all populations for some diseases. The US CDC tracks childhood immunizations at the state level via the National Immunization Survey and adult immunizations through the Behavioral Risk Factor Surveillance System.

Maine has 71 reportable diseases, including diseases that spread via the air and direct contact, via recreational water, via insects and other arthropods, or via animals, via foods. Some of these are vaccine preventable, and others are relatively rare, but still important to track. The State Health

Assessment focuses on the more common diseases that cause greater concern. Maine CDC produces monthly and annual reports of infectious diseases.

Injuries and related morbidity and mortality can be grouped into intentional injury and those injuries caused by actions not intended to cause harm. Leading causes of these injuries in Maine are suicide, motor vehicle crashes, falls, fires and burns, drowning, poisoning and aspirations. For this State Health Assessment, crime is included in this category, even if it does not result in an actual injury. Crime data can be found at Maine Public Safety. BRFSS data is used for intimate partner violence and sexual assault due to the under-reporting of these crimes to law enforcement. The Maine Integrated Youth Health Survey has additional prevention behaviors and measures of both self-harm and inter-personal violence such as physical fighting, harassment and bullying. The Maine CDC's Injury Prevention Program produces additional analyses of both intentional and unintentional Injury. The Office of Substance Abuse and Mental Health Services tracks some types of injuries related to substance misuse. Additional data links include the Northern New England Poison Center and the Maine Transportation Safety Coalition.

BRFSS data and the Maine Integrated Youth Health Survey has information on seat belt use.

Every five years, the Maine CDC conducts a comprehensive maternal and child health strengths and needs assessment, focusing on preventive and primary care services for all pregnant women, mothers and infants up to age one; preventive and primary care services for all children; and services for children with special health care needs. Annually, the Maine CDC reports on federal and state performance measures, health systems and the health status of women, children and children with special health care needs. Measures include a focus on prenatal health, behaviors and care; birth outcomes; teen births and related prevention behaviors, and the prevalence of children with

special health needs. PRAMS monitors a variety of prenatal and post natal health behaviors and conditions. The National Data for Children with Special Health Needs in Maine provides additional data for children with special health needs in Maine.

While the Office of Substance Abuse and Mental Health Services has primary responsibility within state government for addressing the mental health needs of Maine people, physical and mental health intersect and influence each other. Population-based health measures of mental health come primarily from the BRFSS, including depression and anxiety, the most common, but not necessarily the most severe mental health diagnoses. The Office of Substance Abuse and Mental Health Services collects patient-based data on the severely and persistently mentally ill as well as on adult and child access to mental health treatment.

While the Office of Substance Abuse and Mental Health Services has primary responsibility for substance abuse surveillance, prevention, intervention, treatment, and recovery, there is a clear link between the public's health and substance abuse issues. There are many partnerships throughout the state that result in collaborative work on substance abuse and public health issues. The BRFSS and MIYHS have further data on adult and youth substance use, respectively. The federal agency, SAMHSA, has many substance abuse data sources.

Smoking and other tobacco use kills more people from the state than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. The Partnership for a Tobacco-free Maine, a program of the Maine CDC, monitors the use of tobacco and the incidence and prevalence of tobacco-related disease, including those affecting cardiovascular health, respiratory health and cancer. The US CDC presents data on tobacco and tobacco-related diseases as well as other chronic diseases through the Chronic Disease Indicators Project.

Workplace environments and activities have an enormous impact on the working population's health, given that 45% of Americans spend a third of a 24 hour day at work. Nationally, millions of workers are injured or fall ill every year due to hazards in their workplaces, and thousands die. The indicators in the State Health Assessment focus primarily on injuries, but illness and long-term disabilities are additional health risks that can stem from unhealthy workplace environments. The Council of State and Territorial Epidemiologists provides data for the US and selected states on 20 Occupational Health Indicators: Additional data on work-related health issues are provided by the Maine Department of Labor, and the Federal Bureau of Labor Statistics.

General health and mortality measures included in the State Health Assessment vary across population groups in Maine. For example, life

expectancy is 81.3 years for women and 76.0 years for men, whereas women report more days of poor mental health (4.27 average days per month) than men (3.08 average days). There are also differences between the leading causes of death and years of potential life lost between the genders, with unintentional injury deaths among men ranking higher in both measures, and a greater number of years of potential life lost due to cancer for women. A smaller percentage of Native Americans report excellent, very good or good health than other races. More Mainers with greater education and income report excellent, very good or good health than those with less income or education. Cancer is the leading cause of death in all Maine Counties, except Piscataquis, where heart disease is the leading cause. Alzheimer's disease is in the top five leading causes of death in only Cumberland, Knox and Piscataquis counties.<sup>1</sup>

<sup>1</sup> Maine Center for Disease Control and Prevention. State health assessment – 2012. Available from: <http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml> (accessed 8/21/2013)