
State Table Notes

A full explanation of the sources of data and methodology is in the Methodology.

Notes for all state data tables

1. **Total Population** is based on 2010 U.S. Census and represents the at-risk populations in counties with ozone or PM_{2.5} pollution monitors; it does not represent the entire state's sensitive populations.
2. Those **18 & under** and **65 & over** are vulnerable to ozone and PM_{2.5}. Do not use them as population denominators for disease estimates—that will lead to incorrect estimates.
3. **Pediatric asthma** estimates are for those under 18 years of age and represent the estimated number of people who had asthma in 2010 based on the state rates (Behavioral Risk Factor Surveillance System, or BRFSS), applied to county population estimates (U.S. Census).
4. **Adult asthma** estimates are for those 18 years and older and represent the estimated number of people who had asthma during 2010 based on state rates (BRFSS) applied to county population estimates (U.S. Census).
5. **Chronic bronchitis** estimates are for adults 18 and over who had been diagnosed within 2010 based on national rates (from the National Health Interview Survey, or NHIS) applied to county population estimates (U.S. Census).
6. **Emphysema** estimates are for adults 18 and over who have been diagnosed within their lifetime based on national rates in 2010 (NHIS) applied to county population estimates (U.S. Census).
7. **Cardiovascular disease** estimates are for adults 18 and over who have been diagnosed within their lifetime, based on national rates in 2010 (NHIS) applied to county population estimates (U.S. Census). CV disease includes coronary heart disease, hypertension, stroke, and heart failure.
8. **Diabetes** estimates are for adults 18 and over who have been diagnosed within their lifetime based on state rates (BRFSS) applied to county population estimates (U.S. Census).
9. **Poverty** estimates include all ages and come from the U.S. Census Bureau's Small Area Income and Poverty Estimates program. The estimates are derived from a model using estimates of income or poverty from the Annual Social and Economic Supplement and the Current Population Survey, 2010.
10. Adding across rows does not produce valid estimates. Adding emphysema and chronic bronchitis will double-count people with both diseases.

Notes for all state grades tables.

1. Not all counties have monitors for either ozone or particle pollution. If a county does not have a monitor, that county's name is not on the list in these tables. The decision about monitors in the county is made by the state and the U.S. Environmental Protection Agency, not by the American Lung Association.
2. **INC** indicates that monitoring is underway for that pollutant in that county, but that the data are incomplete for all three years. Those counties are not graded or received an Incomplete.
3. **DNC** (Data Not Collected) indicates that data on that particular pollutant is not collected in that county.
4. The **Weighted Average (Wgt. Avg)** was derived by adding the three years of individual level data (2008-2010), multiplying the sums of each level by the assigned standard weights (i.e. 1=orange, 1.5=red, 2.0=purple and 2.5=maroon) and calculating the average. Grades are assigned based on the weighted averages as follows: A=0.0, B=0.3-0.9, C=1.0-2.0, D=2.1-3.2, F=3.3+.
5. The **Design Value** is the calculated concentration of a pollutant based on the form of the National Ambient Air Quality Standard, and is used by EPA to determine whether the air quality in a county meets the standard. Design values for the annual PM_{2.5} concentrations by county were collected from data previously summarized by the EPA and were downloaded on September 24, 2011 from EPA's website at <http://www.epa.gov/air/airtrends/values.html>. The numbers refer to micrograms per cubic meter, or µg/m³.
6. The annual average National Ambient Air Quality Standard for PM_{2.5} is 15 µg/m³. Counties with design values of 15 or lower received a grade of "Pass." Counties with design values of 15.1 or higher received a grade of "Fail."

American Lung Association in Maine

122 State Street
 Augusta, ME 04330
 (207) 624-0308
www.lung.org/maine

AT-RISK GROUPS

Lung Diseases

County	Total Population	Under 18	65 & Over	Lung Diseases				Cardio-vascular Disease	Diabetes	Poverty
				Pediatric Asthma	Adult Asthma	Chronic Bronchitis	Emphysema			
Androscoggin	107,702	24,308	15,184	2,274	8,336	3,667	1,660	28,366	6,947	15,240
Aroostook	71,870	14,384	13,651	1,346	5,716	2,661	1,344	21,673	5,367	9,828
Cumberland	281,674	58,894	40,157	5,510	22,276	9,827	4,446	76,089	18,645	28,176
Hancock	54,418	9,977	9,937	933	4,426	2,058	1,021	16,674	4,129	7,461
Kennebec	122,151	25,308	18,960	2,368	9,670	4,359	2,046	34,375	8,461	13,896
Knox	39,736	7,710	7,594	721	3,185	1,491	755	12,174	3,018	5,251
Oxford	57,833	12,317	9,843	1,152	4,536	2,096	1,026	16,873	4,173	8,511
Penobscot	153,923	30,355	22,253	2,840	12,354	5,399	2,426	41,567	10,165	23,508
Piscataquis	17,535	3,365	3,564	315	1,407	672	350	5,570	1,386	2,869
Sagadahoc	35,293	7,422	5,788	694	2,780	1,275	615	10,199	2,519	3,662
Washington	32,856	6,564	6,426	614	2,613	1,226	628	10,056	2,494	6,182
York	197,131	42,091	30,353	3,938	15,482	7,007	3,297	55,376	13,641	20,065
Totals	1,172,122	242,695	183,710	22,706	92,781	41,738	19,614	328,992	80,944	144,649

HIGH OZONE DAYS 2008-2010

County	Orange	Red	Purple	Wgt. Avg	Grade
Androscoggin	1	0	0	0.3	B
Aroostook	0	0	0	0.0	A
Cumberland	4	1	0	1.8	C
Hancock	8	0	0	2.7	D
Kennebec	1	0	0	0.3	B
Knox	4	0	0	1.3	C
Oxford	0	0	0	0.0	A
Penobscot	1	0	0	0.3	B
Piscataquis	DNC	DNC	DNC	DNC	DNC
Sagadahoc	0	0	0	0.0	A
Washington	2	0	0	0.7	B
York	8	0	0	2.7	D

HIGH PARTICLE POLLUTION DAYS 2008-2010

24 Hour					Annual	
Orange	Red	Purple	Wgt. Avg	Grade	Design Value	Pass/Fail
2	0	0	0.7	B	7.8	PASS
1	0	0	0.3	B	7.1	PASS
1	0	0	0.3	B	8.4	PASS
0	0	0	0.0	A	4.4	PASS
0	0	0	0.0	A	7.5	PASS
DNC	DNC	DNC	DNC	DNC	DNC	DNC
2	0	0	0.7	B	8.2	PASS
0	0	0	0.0	A	7.4	PASS
1	0	0	0.3	B	5.3	PASS
DNC	DNC	DNC	DNC	DNC	DNC	DNC
DNC	DNC	DNC	DNC	DNC	DNC	DNC
DNC	DNC	DNC	DNC	DNC	DNC	DNC

We will breathe easier when the air in every
American community is clean and healthy.

We will breathe easier when people are free from the addictive
grip of tobacco and the debilitating effects of lung disease.

We will breathe easier when the air in our public spaces and
workplaces is clear of secondhand smoke.

We will breathe easier when children no longer
battle airborne poisons or fear an asthma attack.

Until then, we are fighting for air.

About the American Lung Association

Now in its second century, the American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease. With your generous support, the American Lung Association is “Fighting for Air” through research, education and advocacy. For more information about the American Lung Association, a Charity Navigator Four Star Charity and holder of the Better Business Bureau Wise Giving Guide Seal, or to support the work it does, call 1-800-LUNG-USA (1-800-586-4872) or visit www.lung.org.

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Fighting for Air