Department of Health and Human Services
Maine People Living
Safe, Healthy and Productive Lives

Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

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October 3, 2014

Senator Margaret M. Craven, Chair
Representative Richard R. Farnsworth, Chair
Members, Joint Committee on Health and Human Services
#100 State House Station
Augusta, Maine 04333-0100

Dear Senator Craven, Representative Farnsworth and Members of the Joint Standing Committee on Health and Human Services:

Enclosed, please find the 2014 Annual Health Report Card from the Department of Health and Human Services' Maine Center for Disease Control and Prevention on the health status for each public health district, including the Tribal district. This report was developed in consultation with the Statewide Coordinating Council for Public Health and is required under Title 22 of the Maine Revised Statutes Annotated, Chapter 152 §413.

Identified initiatives and partnerships guiding the work of the eight public health districts and the Tribal district are captured in this report. Critical data updates on population health status by district and related activities to address the major diseases impacting Maine people, as well as highlights on the efforts to mitigate evidence-based health risks, monitor health status, and improve upon the determinants that impact health are also included in this report.

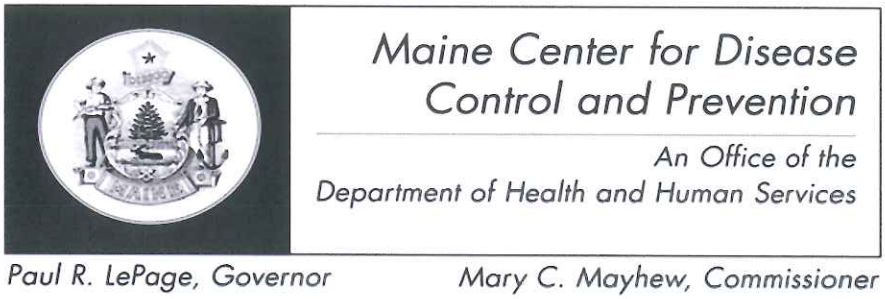
If you have any questions or need further information, please do not hesitate to contact Lisa Sockabasin at 287-3266 or via e-mail at Lisa.Sockabasin@maine.gov

Sincerely,

Mary C. Mayhew
Commissioner

MCM/klv

Enclosure



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

Annual Health Report Card

Submitted to the
Joint Standing Committee on Health and Human Services

June 2014
(Revised September 2014)

LEGISLATIVE MANDATE

The Maine Center for Disease Control and Prevention (Maine CDC), in consultation with the Statewide Coordinating Council for Public Health (one part of the State Public Health Infrastructure), is mandated to produce an annual brief report card on health status statewide and for each district by June 1, based on MRS 22 Chapter 152 §413:

> *3. Report card on health. The Maine Center for Disease Control and Prevention, in consultation with the Statewide Coordinating Council for Public Health, shall develop, distribute and publicize an annual brief report card on health status statewide and for each district by June 1st of each year. The report card must include major diseases, evidence-based health risks and determinants that impact health.*
> *[2009, c. 355, §5 (NEW).]*

Acknowledgements

The 2014 Annual Health Report Card was created by summarizing the current work of the eight Public Health District Coordinating Councils and the Wabanaki Public Health District.

On behalf of Dr. Sheila Pinette, the Director of Maine CDC and State Health Officer, a team of public health district liaisons produced this report.

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KEY CONCEPTS / DEFINITIONS

Ten Essential Public Health Services were established at the federal level and provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. For more information, go to http://www.cdc.gov/nphpsp/essentialServices.html

The 10 Essential Public Health Services provide the framework for the National Public Health Performance Standards Program. Because the strength of a public health system rests on its capacity to effectively deliver the 10 Essential Public Health Services, the NPHPSP enables health systems to assess how well they perform the following:

1. ***Monitor*** *health status to identify community health problems.*
2. ***Diagnose and investigate*** *health problems and health hazards in the community.*
3. ***Inform, educate and empower*** *people about health issues.*
4. ***Mobilize*** *community partnerships to identify and solve health problems.*
5. ***Develop policies and plans*** *that support individual and community health efforts.*
6. ***Enforce*** *laws and regulations that protect health and ensure safety.*
7. ***Link*** *people to needed personal health services and assure the provision of health care when otherwise unavailable.*
8. ***Assure*** *a competent public health and personal health care workforce.*
9. ***Evaluate*** *effectiveness, accessibility and quality of personal and population-based health services.*
10. ***Research*** *for new insights and innovative solutions to health problems.*

District coordinating council for public health means a representative district wide body of local public health stakeholders working toward collaborative public health planning and coordination to ensure effectiveness and efficiencies in the public health system. [22 Chapter 152 § 411 Term 3]

I. INTRODUCTION

Maine's Public Health Districts

There are nine public health districts: eight geographical public health districts created from Maine's sixteen counties and one Tribal public health district. District level public health first became operational in 2008, in the eight geographically-defined districts, each having a District Liaison as well as a District Coordinating Council (DCC). DCC membership consists of local, regional and district-wide public health partners, stakeholders, consumers, and interested parties. District Liaisons are Maine CDC staff located within DHHS district offices to provide public health coordination, leadership, and communication functions between the Maine CDC and the local community. The District Liaison works with other Maine CDC field staff in each district including public health nurses, a regional epidemiologist, drinking water inspectors, and environmental health inspectors as well as the Tribal Liaisons, and in two districts, local public health departments (Cumberland and Penquis), to establish a coordinated governmental public health presence within each district.

Wabanaki District

The Wabanaki District, also known as Wabanaki Public Health, is comprised of five tribal jurisdictions representing the Micmac, Maliseet, Penobscot, and Passamaquoddy Tribes. Wabanaki Public Health functions in a manner consistent with other established intergovernmental agreements between the State of Maine and the Tribes. The Tribal District Liaisons are tribal employees; however, they take part in state and district-level activities when appropriate, including but not limited to sitting on the Statewide Coordinating Council and District Coordinating Councils that correspond geographically with the four federally recognized Tribes in Maine.

History of the District Public Health Improvement Plans

The 2008-2009 Maine State Health Plan directed the development of Health Improvement Plans specific to each of Maine's eight DHHS public health districts. District Public Health Improvement Plans (DPHIPs) were first developed by the District Coordinating Councils in 2010 and were updated in 2012 for the years 2013-2015.

Wabanaki Public Health has not yet completed its first independent District Public Health Improvement Plan. Following the completion of the Wabanaki Health Assessment in 2011, which was administered across the five Tribal communities in Maine, the aggregate data were compiled, along with individual data for each of the four tribes. The previous year, the results of the health assessment were analyzed by the University of New England and a community profile

was being prepared for the Passamaquoddy Tribe. Over this past year, the Tribal Liaisons have participated in a work group to finalize this profile and are currently working on a dissemination plan with the Passamaquoddy Tribe. During the past year, Wabanaki Public Health has also supported the creation of individual community profiles for the Micmac, Maliseet and Penobscot Tribes by the University of Nebraska Medical Center. The Tribal Councils from these three tribes will be completing final edits in June 2014. Wabanaki Public Health is currently working with each Tribal community to develop individual dissemination plans for the Community Profiles. This will include collaboration with Healthy Wabanaki, the local Healthy Maine Partnership, to hold forums with Tribal leadership and key stakeholders to determine priorities in each Tribal community, as well as to complete a Tribal Local Public Health Systems Assessment. All of these steps will lead into the development of the first Wabanaki District Public Health Improvement Plan.

II. District Health Status Data and Progress in Responding to it.

District Health Status Data

Maine CDC State Health Assessment Data at the county and district level was last completed in 2012 and was utilized by the District Coordinating Councils to develop a response to the health status through the District Public Health Improvement Plan (DPHIP). In this report, the 2012 Health Assessment Data Profile for each District will be provided as a baseline for the reader.

District Public health Improvement Plan (DPHIP) Priorities

The purpose of the DPHIP is to address specific and unique strengths and health needs of all the communities within each District, with a process to revisit and update priorities and strategies every two years. Each DPHIP serves as the public health planning document that explores opportunities for significant public health improvements. This 2013-2015 version is the second two-year phase for the DPHIP. These DPHIPs were developed based on the collective thinking and engagement of local partners committed to improving health across each public health district. The priorities of the previous phase have been revisited, reviewed and revised to reflect current priorities within respective geographic areas.

Wherever possible, DCC district level priorities and plans are coordinated with the State Health Improvement Plan, while building upon the strengths and partnerships reflective of each district's unique opportunities and challenges. It is important to note that the State does not provide additional funding for the implementation of the DPHIPs, beyond the efforts of the Maine CDC District Liaisons to recruit partnerships, write grants, identify existing resources that can support DPHIP strategies, and organize voluntary efforts in the district.

In order to show a response to the current health status in each district, a progress sheet for each district has been created that provides the district two-year priorities (2013-2015) and progress made over the current year in meeting those priorities. As the district coordinating councils receive no funding and come together under a collaborative process, progress in building infrastructure and changes in health status can be slow. This progress sheet will show action on intermediate activities and strategies tied to the district priorities.

In addition to DPHIP priorities, all districts coordinate with the Maine CDC central office to implement other statewide initiatives that work to improve the health of Maine individuals as well as strengthen the functionality of individual District Coordinating Councils. A brief synopsis of these programs is provided in the *Statewide District Initiatives* section on page 32 of this report. Examples of these initiatives include development and implementation of the State Health Improvement Plan, public health emergency preparedness, chronic disease education and

training (e.g., Diabetes Lifestyle Coaching), creating innovative solutions in rural health (e.g. Rural Health and Primary Care), and environmental health outreach (e.g. Well Water Testing for Arsenic).

Although the statutory language uses the term 'report card', this report has for four years provided the health status data per district (when available) and then demonstrated how each district coordinating council has created opportunities through the District Public Health Improvement Plan to make infrastructure and categorical health improvements through collaboration. In the current DPHIP, most districts are now developing milestones to better measure changes and improvements.

The County Health Rankings (University of Wisconsin and Robert Wood Johnson Foundation) also provide a grade or ranking of counties within a state. Indicator data used in the County Health Rankings is statistically weighed per state, so counties within a state can be compared, but counties across states cannot be compared due to the difference in data weighing. Most district coordinating councils review these data also, which provides a different perspective and algorithm for looking at the health status data. For example, whereas the Downeast District data show similar district health status to the state averages, in actuality, it disguises the poor health status of Washington County (ranked #15 or 16 over five years) by averaging out with the better health status of Hancock County (ranked #1 or 2 over five years). In the five years of the County Health Rankings, Maine has had four counties—Piscataquis, Somerset, Aroostook, and Washington—that are consistently ranked in the lower quartile. For more information and to see the county health rankings for Maine, please go here: http://www.countyhealthrankings.org/ .

District Health Status Data

(District Health Status Profiles on the following pages can also be accessed at

http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml

and choose District Data in the menu)

Aroostook Public Health District Health Status Data:

District level data points to these key areas needing improvement, including general health status, no dental care in past year, sedentary lifestyle, diabetes hospitalizations, respiratory disease ED visits and hospitalizations, teen birth rate, and emergency department visits for seniors due to falls.

County and District Data from the 2012 State Health Assessment

Aroostook District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	District Rate	Maine Rate	US Rate
General health status			
Fair or poor health - adults	23.1%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	4.6	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.3	3.7	NA
Access			
Proportion of persons with a usual primary care provider	82.8%	88.4%	NA
No dental care in past year	41.7%	32.4%	NA
Physical Activity, Nutrition and Weight			
Obesity - adults	29.8%	27.7%	27.5%
Obesity - high school students	14.7%	12.9%	NA
Overweight - high school students	15.4%	15.5%	NA
Sedentary lifestyle - adults	36.4%	22.5%	23.9%
Cardiovascular Health			
High blood pressure	28.7%	30.0%	28.7%
High cholesterol	39.1%	38.8%	37.5%
Diabetes			
Diabetes - adults	12.0%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	68.2%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	132.4	118.4	NA
Respiratory			
Current asthma - adults	9.2%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	8.7%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,450	1,105	NA
COPD hospitalizations per 100,000 population	290.1	198.3	NA
Tobacco Use			
Current smoking - high school students	16.8%	15.5%	NA
Current smoking - adults	23.7%	18.2%	17.2%
Alcohol Use			
Binge drinking - adults	7.8%	14.5%	15.1%
Current alcohol use - high school students	26.9%	28.0%	NA
Infectious Disease			
Influenza Vaccine Coverage - Ages 18 Years and Older	42.8%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	69.7%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

Demographics			
Population	71,870	1,328,361	3.08 mil
Population ages 0-17	14,384	274,533	0.74 mil
Population ages 65-74	7,217	112,651	0.21 mil
Population ages 75+	6,434	98,429	0.17 mil
Population Density	10.8	43.1	87.4
Population - White, non-Hispanic	95.1%	94.4%	63.7%
Population - Hispanic	0.9% (667)	1.3%	16.3%
Population - Two or more races	1.4% (978)	1.6%	2.9%
Population - American Indian or Alaska Native	1.7% (1227)	0.6%	0.9%

Other Key Health Indicators from the 2012 Maine State Health Assessment	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	74.6/80.1	78.7	78.6
Oral Health			
Tooth loss to gum disease or tooth decay (6 or more) - adults	27.8%	19.7%	NA
Maternal and Child Health			
Low Birthweight, <2500 grams per 100,000 births	6.4	6.4	8.2
Infant death per 100,000 births	5.4	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	84.8%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	29.4	24.9	34.2
Injury			
Suicide deaths per 100,000 population	13.2	12.6	11.8*
Violence by current or former intimate partners	NA	1.0%*	NA
Rape or attempted rape	5.7%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	11.9	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	14.6	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	8.6	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	8,182	7,325	NA
TBI Hospitalizations per 100,000 population	73.4	82.3	NA
Cancer			
Sigmoid/colonoscopy (ever) - people age 50 & over	74.0%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	79.3%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	89.4%	85.0%	85.0%
Mortality - all cancers per 100,000 population	196.4	196.0	175.8*
Incidence - all cancers per 100,000 population	471.4	496.7	456.4*
Mental Health			
Co-morbidity for persons with mental illness	NA	NA	NA
Lifetime depression - adults	19.3%	21.1%*	NA
Lifetime anxiety - adults	18.2%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.9	12.0	NA
Environmental Health			
Homes with elevated radon	12.7%	14.8%*	NA
Homes with private wells tested for arsenic	30.1%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.3	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	6.3	9.9	NA
Infectious Disease			
Chronic Hepatitis B per 100,000 population	4.2	7.9	NA
Lyme disease incidence per 100,000 population	4.2	75.7	7.9
Salmonellosis incidence per 100,000 population	8.4	10.1	17.6
Pertussis incidence per 100,000 population	0.0	15.4	8.9
Gonorrhea incidence per 100,000 population	8.4	20.5	100.8
Chlamydia incidence per 100,000 population	166.5	232.9	426.0
HIV incidence per 100,000 population	5.6	4.1	19.7
Additional Socio-Economic Status measures			
People who speak English less than very well, >5 years	3.4%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	15.4%	12.6%	13.8%
No current health insurance	10.6%	10.2%	15.0%
Unemployment	9.5%	7.5%	8.9%
High school graduation rate, 2011	85.2%	83.8%	NA
Persons 25 and older with less than a HS education	16.1%	10.2%	15.0%
Disability status	22.0%	15.7%	12.0%
Veterans Status	13.5%	13.2%	9.9%
65+ living alone	31.1%	29.8%	27.3%

Central Public Health District Health Status Data

District level data points to these key areas needing improvement, including no dental care in past year, respiratory ED visits, teen birth rate, and emergency department visits for seniors due to falls. County level data may show additional key areas needing improvement: please see table for these data.

County and District Data from the 2012 Maine State Health Assessment

Central District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Kennebec County	Somerset County	District Rate	Maine Rate	US Rate
General health status					
Fair or poor health - adults	11.8%	17.9%	13.8%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.3	5.1	3.9	3.8	NA
Average number of unhealthy days in the past month (mental health)	4.0	4.4	4.1	3.7	NA
Access					
Proportion of persons with a usual primary care provider	88.6%	85.9%	87.7%	88.4%	NA
No dental care in past year	33.8%	48.8%	38.1%	32.4%	NA
Physical Activity, Nutrition and Weight					
Obesity - adults	28.8%	33.2%	30.2%	27.7%	27.5%
Obesity - high school students	14.7%	13.4%	14.2%	12.9%	NA
Overweight - high school students	18.3%	16.2%	17.6%	15.5%	NA
Sedentary lifestyle - adults	21.6%	24.4%	22.5%	22.5%	23.9%
Cardiovascular Health					
High blood pressure	30.4%	28.2%	29.7%	30.0%	28.7%
High cholesterol	37.4%	37.6%	37.5%	38.8%	37.5%
Diabetes					
Diabetes - adults	8.2%	8.6%	8.3%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	74.6%	NA	72.6%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	122.0	125.6	122.8	118.4	NA
Respiratory					
Current asthma - adults	10.4%	7.1%	9.3%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	5.9%	7.7%	6.5%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	977	1,775	1,211	1,105	NA
COPD hospitalizations per 100,000 population	142.2	244.2	179.9	198.3	NA
Tobacco Use					
Current smoking - high school students	14.5%	17.1%	15.6%	15.5%	NA
Current smoking - adults	19.8%	26.3%	22.0%	18.2%	17.2%
Alcohol Use					
Binge drinking - adults	14.5%	14.3%	14.4%	14.5%	15.1%
Current alcohol use - high school students	23.7%	29.4%	26.1%	28.0%	NA
Infectious Disease					
Influenza Vaccine Coverage - Ages 18 Years and Older	45.4%	40.2%	43.6%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	72.0%	69.3%	71.2%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

Demographics					
Population	122,151	52,228	174,379	1,328,361	3.08 mil.
Population ages 0-17	25,308	11,176	36,484	274,533	0.74 mil.
Population ages 65-74	10,019	4,800	14,819	112,651	0.21 mil.
Population ages 75+	8,941	3,737	12,678	98,429	0.17 mil.
Population Density (people per square mile of land)	140.8	13.3	36.4	43.1	87.4
Population - White, non-Hispanic	95.4%	97.6%	96.1%	94.4%	63.7%
Population - Hispanic	1.2% (1504)	0.8% (409)	1.1% (1913)	1.3%	16.3%
Population - Two or more races	1.7% (2068)	1.3% (690)	1.6% (2758)	1.6%	2.9%

*Some state and national data is only available by a single year, where as the county and public health district data is for several years aggregated.

NA = not available

Other Key Health Indicators from the 2012 Maine State Health Assessment	Kennebec County	Somerset County	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	75.7/80.4	74.8/79.8	NA	78.7	78.6
Oral Health					
Tooth loss to gum disease or tooth decay (6 or more) - adults	20.1%	27.2%	22.3%	19.7%	NA
Maternal and Child Health					
Low Birth weight, <2500 grams per 100,000 births	6.3	7.6	6.7	6.4	8.2
Infant death per 100,000 births	5.1	6.5	5.5	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	84.6%	78.5%	82.9%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	28.0	39.7	31.4	24.9	34.2
Injury					
Suicide deaths per 100,000 population	11.1	12.4	11.5	12.6	11.8*
Violence by current or former intimate partners	1.5%	NA	2.0%	1.0%*	NA
Rape or attempted rape	7.1%	8.2%	7.4%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	9.9	18.7	12.6	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	14.6	20.5	16.3	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	11.9	9.6	11.3	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,567	8,573	7,869	7,325	NA
TBI Hospitalizations per 100,000 population	82.9	81.0	82.1	82.3	NA
Cancer					
Sigmoid/colonoscopy (ever) - people age 50 & over	77.2%	70.7%	75.2%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	86.0%	84.1%	85.5%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	85.7%	83.8%	85.1%	85.0%	85.0%
Mortality - all cancers per 100,000 population	198.8	202.5	199.9	196.0	175.8*
Incidence - all cancers per 100,000 population	502.3	446.4	485.4	496.7	456.4*
Mental Health					
Co-morbidity for persons with mental illness	47%	NA	46.5%	NA	NA
Lifetime depression - adults	19.6%	23.3%	20.8%	21.1%*	NA
Lifetime anxiety - adults	17.1%	19.5%	17.9%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.4	9.4	11.5	12.0	NA
Environmental Health					
Homes with elevated radon	16.2%	9.8%	14.7%	14.8%*	NA
Homes with private wells tested for arsenic	53.7%	NA	51.3%	NA	NA
Children with elevated blood lead levels per 10,000 population	1.0	1.2	1.0	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	9.0	9.7	9.2	9.9	NA
Infectious Disease					
Chronic Hepatitis B per 100,000 population	8.7	3.8	6.9	7.9	NA
Lyme disease incidence per 100,000 population	105.8	17.3	79.3	73.7	7.9
Salmonellosis incidence per 100,000 population	9.0	5.8	8.0	10.1	17.6
Pertussis incidence per 100,000 population	4.9	3.8	4.6	15.4	8.9
Gonorrhea incidence per 100,000 population	4.1	1.9	3.4	20.5	100.8
Chlamydia incidence per 100,000 population	287.9	203.7	262.7	232.9	426.0
HIV incidence per 100,000 population	2.5	3.8	2.9	4.1	19.7
Additional Socio-Economic Status measures					
People who speak English less than very well, >5 years	1.2%	0.8%	1.1%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	12.5%	18.4%	14.3%	12.6%	13.8%
No current health insurance	8.3%	11.9%	9.4%	10.2%	15.0%
Unemployment	7.1%	10.4%	8.0%	7.5%	8.9%
High school graduation rate, 2011	83.8%	79.3%	82.2%	83.8%	NA
Persons 25 and older with less than a HS education	9.7%	13.4%	10.9%	10.2%	15.0%
Disability status	16.9%	19.7%	17.7%	15.7%	12.0%
Veterans Status	14.4%	14.3%	14.4%	13.2%	9.9%
65+ living alone	29.3%	28.3%	29.0%	29.8%	27.3%

*Some state and national data is only available by a single year, where as the county and public health district data is for several years aggregated.

NA = not available

updated 10/22/12

District level data points to these key areas needing improvement, including live births for which mother received early and adequate prenatal care.

County and District Data from the 2012 Maine State Health Assessment

Cumberland District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	District Rate	Maine Rate	US Rate
General health status			
Fair or poor health - adults	10.3%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.0	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.0	3.7	NA
Access			
Proportion of persons with a usual primary care provider	91.0%	88.4%	NA
No dental care in past year	22.5%	32.4%	NA
Physical Activity, Nutrition and Weight			
Obesity - adults	20.3%	27.7%	27.5%
Obesity - high school students	9.6%	12.9%	NA
Overweight - high school students	13.4%	15.5%	NA
Sedentary lifestyle - adults	14.9%	22.5%	23.9%
Cardiovascular Health			
High blood pressure	29.5%	30.0%	28.7%
High cholesterol	37.8%	38.8%	37.5%
Diabetes			
Diabetes - adults	6.1%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	76.4%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	98.7	118.4	NA
Respiratory			
Current asthma - adults	9.2%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	9.3%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	916	1,105	NA
COPD hospitalizations per 100,000 population	144.9	198.3	NA
Tobacco Use			
Current smoking - high school students	13.2%	15.5%	NA
Current smoking - adults	15.1%	18.2%	17.2%
Alcohol Use			
Binge drinking - adults	14.8%	14.5%	15.1%
Current alcohol use - high school students	28.6%	28.0%	NA
Infectious Disease			
Influenza Vaccine Coverage - Ages 18 Years and Older	50.3%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	77.0%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

Demographics			
Population	281,674	1,328,361	3.08 mil.
Population ages 0-17	58,894	274,533	0.74 mil.
Population ages 65-74	20,585	112,651	0.21 mil.
Population ages 75+	19,572	98,429	0.17 mil.
Population Density	337.2	43.1	87.4
Population - White, non-Hispanic	91.8%	94.4%	63.7%
Population - Hispanic	1.8% (5045)	1.3%	16.3%
Population - Two or more races	1.8% (5183)	1.6%	2.9%
Population - Black or African American	2.4% (6781)	1.2%	12.6%
Population - Asian	2.0% (5769)	1.0%	4.8%

Other Key Health Indicators from the 2012 Maine State Health Assessment	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	77.1/81.7	78.7	78.6
Oral Health			
Tooth loss to gum disease or tooth decay (6 or more) - adults	13.2%	19.7%	NA
Maternal and Child Health			
Low Birth weight, <2500 grams per 100,000 births	6.3	6.4	8.2
Infant death per 100,000 births	5.5	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	81.5%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	16.0	24.9	34.2
Injury			
Suicide deaths per 100,000 population	11.9	12.6	11.8*
Violence by current or former intimate partners	0.9%	1.0%*	NA
Rape or attempted rape	8.8%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	7.6	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	8.8	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	11.7	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,150	7,325	NA
TBI Hospitalizations per 100,000 population	89.3	82.3	NA
Cancer			
Sigmoid/colonoscopy (ever) - people age 50 & over	75.2%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	84.6%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	86.7%	85.0%	85.0%
Mortality - all cancers per 100,000 population	190.6	196.0	175.8*
Incidence - all cancers per 100,000 population	483.2	496.7	456.4*
Mental Health			
Co-morbidity for persons with mental illness	43.8%	NA	NA
Lifetime depression - adults	21.3%	21.1%*	NA
Lifetime anxiety - adults	18.3%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.4	12.0	NA
Environmental Health			
Homes with elevated radon	20.0%	14.8%*	NA
Homes with private wells tested for arsenic	51.6%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.9	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	7.9	9.9	NA
Infectious Disease			
Chronic Hepatitis B per 100,000 population	19.1	7.9	NA
Lyme disease incidence per 100,000 population	97.4	75.7	7.9
Salmonellosis incidence per 100,000 population	9.9	10.1	17.6
Pertussis incidence per 100,000 population	4.2	15.4	8.9
Gonorrhea incidence per 100,000 population	37.9	20.5	100.8
Chlamydia incidence per 100,000 population	264.9	232.9	426.0
HIV incidence per 100,000 population	9.2	4.1	19.7

Additional Socio-Economic Status measures			
People who speak English less than very well, >5 years	2.7%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	10.5%	12.6%	13.8%
No current health insurance	8.7%	10.2%	15.0%
Unemployment	6.0%	7.5%	8.9%
High school graduation rate, 2011	85.3%	83.8%	NA
Persons 25 and older with less than a HS education	6.7%	10.2%	15.0%
Disability status	11.5%	15.7%	12.0%
Veterans Status	10.9%	13.2%	9.9%
65+ living alone	31.7%	29.8%	27.3%

Downeast Public Health District Health Status Data

District level data points to these key areas needing improvement, including respiratory disease ED visits, teen birth rate, motor vehicle crash related deaths, and incidence of all cancers. County level data may show additional key areas needing improvement: please see table for these data.

County and District Data from the 2012 Maine State Health Assessment

Downeast District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Hancock County	Washington County	District Rate	Maine Rate	US Rate
General health status					
Fair or poor health - adults	11.4%	25.0%	16.4%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.4	4.4	3.8	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.8	4.4	4.0	3.7	NA
Access					
Proportion of persons with a usual primary care provider	85.1%	85.7%	85.3%	88.4%	NA
No dental care in past year	28.9%	45.2%	34.9%	32.4%	NA
Physical Activity, Nutrition and Weight					
Obesity - adults	27.0%	36.0%	30.3%	27.7%	27.5%
Obesity - high school students	12.9%	14.0%	13.4%	12.9%	NA
Overweight - high school students	14.2%	15.6%	14.8%	15.5%	NA
Sedentary lifestyle - adults	24.0%	32.0%	27.0%	22.5%	23.9%
Cardiovascular Health					
High blood pressure	30.4%	29.2%	30.0%	30.0%	28.7%
High cholesterol	42.9%	40.1%	42.0%	38.8%	37.5%
Diabetes					
Diabetes - adults	7.8%	12.0%	9.3%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	NA	NA	78.4%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	116.6	154.2	130.9	118.4	NA
Respiratory					
Current asthma - adults	10.0%	15.7%	12.1%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	7.3%	11.3%	8.9%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,297	1,732	1,463	1,105	NA
COPD hospitalizations per 100,000 population	170.4	254.5	203.1	198.3	NA
Tobacco Use					
Current smoking - high school students	14.2%	21.9%	17.0%	15.5%	NA
Current smoking - adults	16.4%	23.1%	18.9%	18.2%	17.2%
Alcohol Use					
Binge drinking - adults	16.5%	13.4%	15.4%	14.5%	15.1%
Current alcohol use - high school students	22.9%	27.1%	24.4%	28.0%	NA
Infectious Disease					
Influenza Vaccine Coverage - Ages 18 Years and Older	43.2%	47.1%	44.6%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	69.9%	65.2%	68.3%	71.8%	68.8%

For a number of reasons, several indicators from the "2010 Call to District Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

Demographics					
Population	54,418	32,856	87,274	1,328,361	3.08 mil
Population ages 0-17	9,977	6,564	16,541	274,533	0.74 mil
Population ages 65-74	5,463	3,524	8,987	112,651	0.21 mil
Population ages 75+	4,474	2,902	7,376	98,429	0.17 mil
Population Density	34.3	12.8	21.0	43.1	87.4
Population - White, non-Hispanic	96.2%	91.3%	95.6%	94.4%	63.7%
Population - Hispanic	1.1% (594)	1.4% (452)	1.2% (1,046)	1.3%	16.3%
Population - Two or more races	1.2% (633)	1.7% (558)	1.4% (1,191)	1.6%	2.9%
Population - American Indian or Alaska Native	0.4% (220)	4.9% (1,603)	2.1% (1,823)	0.6%	0.9%

Other Key Health Indicators from the 2012 Maine State Health Assessment	Hancock County	Washington County	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	76.0/81.3	73.1/80.1	NA	78.7	78.6
Oral Health					
Tooth loss to gum disease or tooth decay (6 or more) - adults	16.1%	28.8%	20.8%	19.7%	NA
Maternal and Child Health					
Low Birth weight, <2500 grams per 100,000 births	5.8	5.3	5.6	6.4	8.2
Infant death per 100,000 births	3.9	4.7	4.2	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	87.7%	83.1%	85.9%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	23.2	38.2	29.2	24.9	34.2
Injury					
Suicide deaths per 100,000 population	11.6	9.8	10.9	12.6	11.8*
Violence by current or former intimate partners	NA	NA	0.5%	1.0%*	NA
Rape or attempted rape	6.0%	8.6%	7.0%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	10.9	12.8	11.7	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	15.5	23.8	18.6	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	11.9	17.2	13.9	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,900	6,620	7,356	7,325	NA
TBI Hospitalizations per 100,000 population	89.7	85.0	87.7	82.3	NA
Cancer					
Sigmoid/colonoscopy (ever) - people age 50 & over	72.6%	67.8%	70.9%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	81.7%	86.1%	83.3%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	86.0%	79.9%	83.9%	85.0%	85.0%
Mortality - all cancers per 100,000 population	205.4	215.3	209.0	196.0	175.8*
Incidence - all cancers per 100,000 population	516.8	562.8	534.3	496.7	456.4*
Mental Health					
Co-morbidity for persons with mental illness	NA	NA	60.6%	NA	NA
Lifetime depression - adults	23.0%	21.6%	22.5%	21.1%*	NA
Lifetime anxiety - adults	17.1%	24.5%	19.8%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.5	9.8	11.4	12.0	NA
Environmental Health					
Homes with elevated radon	18.6%	7.5%	14.9%	14.8%*	NA
Homes with private wells tested for arsenic	54.2%	34.3%	47.5%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.5	0.9	0.7	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	10.3	7.1	9.1	9.9	NA
Infectious Disease					
Chronic Hepatitis B per 100,000 population	3.7	6.1	4.6	7.9	NA
Lyme disease incidence per 100,000 population	78.8	36.8	63.1	75.7	7.9
Salmonellosis incidence per 100,000 population	1.8	3.1	2.3	10.1	17.6
Pertussis incidence per 100,000 population	18.3	3.1	12.6	15.4	8.9
Gonorrhea incidence per 100,000 population	1.8	24.5	10.3	20.5	100.8
Chlamydia incidence per 100,000 population	174.1	254.3	204.1	232.9	426.0
HIV incidence per 100,000 population	1.8	0.0	1.1	4.1	19.7
Additional Socio-Economic Status measures					
People who speak English less than very well, >5 years	0.6%	0.9%	0.7%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	11.5%	19.8%	14.7%	12.6%	13.8%
No current health insurance	15.1%	13.6%	14.5%	10.2%	15.0%
Unemployment	8.6%	10.7%	9.3%	7.5%	8.9%
High school graduation rate, 2011	82.8%	79.8%	81.8%	83.8%	NA
Persons 25 and older with less than a HS education	9.0%	14.8%	11.2%	10.2%	15.0%
Disability status	15.9%	23.0%	18.6%	15.7%	12.0%
Veterans Status	13.2%	15.5%	14.1%	13.2%	9.9%
65+ living alone	30.3%	32.4%	31.1%	29.8%	27.3%

District level data points to these key areas needing improvement are currently none. County level data may show additional key areas needing improvement: please see table for these data.

County and District Data from the 2012 Maine State Health Assessment

Midcoast District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Knox County	Lincoln County	Sagadahoc County	Waldo County	District Rate	Maine Rate	US Rate
General health status							
Fair or poor health - adults	15.1%	16.1%	12.7%	13.2%	14.3%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.6	4.4	3.4	3.6	3.7	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.3	3.7	3.8	4.9	3.9	3.7	NA
Access							
Proportion of persons with a usual primary care provider	89.8%	87.4%	93.1%	90.7%	90.2%	88.4%	NA
No dental care in past year	30.1%	25.8%	32.6%	33.1%	30.5%	32.4%	NA
Physical Activity, Nutrition and Weight							
Obesity - adults	28.7%	24.1%	23.8%	26.3%	25.8%	27.7%	27.5%
Obesity - high school students	20.1%	NA	18.4%	16.8%	18.1%	12.9%	NA
Overweight - high school students	16.2%	NA	14.0%	18.1%	15.8%	15.5%	NA
Sedentary lifestyle - adults	21.2%	22.8%	18.7%	25.7%	22.2%	22.5%	23.9%
Cardiovascular Health							
High blood pressure	35.8%	31.5%	27.5%	28.9%	31.1%	30.0%	28.7%
High cholesterol	41.8%	40.4%	37.4%	40.3%	40.0%	38.8%	37.5%
Diabetes							
Diabetes - adults	11.4%	8.4%	7.4%	10.0%	9.3%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per yr	NA	NA	NA	NA	68.8	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	110.2	115.1	112.4	114.5	113.0	118.4	NA
Respiratory							
Current asthma - adults	10.6%	12.7%	7.5%	10.3%	10.3%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	7.3%	7.4%	7.8%	9.8%	8.0%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	768	840	902	949	864	1,105	NA
COPD hospitalizations per 100,000 population	172.9	175.4	183.4	176.3	176.6	198.3	NA
Tobacco Use							
Current smoking - high school students	24.1%	NA	17.3%	18.9%	18.9%	15.5%	NA
Current smoking - adults	14.5%	16.1%	13.5%	18.7%	15.8%	18.2%	17.2%
Alcohol Use							
Binge drinking - adults	12.8%	11.8%	14.9%	15.5%	13.8%	14.5%	15.1%
Current alcohol use - high school students	27.7%	NA	29.0%	32.7%	29.8%	28.0%	NA
Infectious Disease							
Influenza Vaccine Coverage - Ages 18 Years and Older	44.3%	48.5%	47.7%	44.7%	46.2%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	74.1%	73.1%	NA	63.7%	69.8%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

Demographics							
Population	39,736	34,457	35,293	38,786	148,272	1,328,361	3.08 mil.
Population ages 0-17	7,710	6,468	7,422	8,147	29,747	274,533	0.74 mil.
Population ages 65-74	3,983	4,022	3,341	3,591	14,937	112,651	0.21 mil.
Population ages 75+	3,611	3,371	2,447	2,689	12,118	98,429	0.17 mil.
Population Density	108.8	75.6	139.1	53.1	82.2	43.1	87.4
Population - White, non-Hispanic	96.5%	97.0%	95.4%	96.6%	96.4%	94.4%	63.7%
Population - Hispanic	0.8%	0.8%	1.3%	0.9%	1.0%	1.3%	16.3%
Population - Two or more races	1.4%	1.1%	1.6%	1.4%	1.4%	1.6%	2.9%

Other Key Health Indicators from the 2012 Maine State Health Assessment	Knox County	Lincoln County	Sagadahoc County	Waldo County	District Rate	Maine Rate	US Rate
Life expectancy (years) (2007)	76.7/81.4	77.3/81.0	76.5/80.5	75.4/80.8	NA	78.7	78.6
Oral Health							
Adults who have lost 6 or more teeth to gum disease or tooth decay	17.4%	18.7%	17.7%	26.7%	20.3%	19.7%	NA
Maternal and Child Health							
Low Birth weight, <2500 grams per 100,000 births	5.1	7.4	5.5	7.7	6.4	6.4	8.2
Infant death per 100,000 births	5.4	3.6	4.7	6.9	5.3	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	90.9%	89.7%	89.0%	84.9%	88.6%	85.4%	NA
Live birth rate per 1,000 females aged 15-19	31.9	21.9	22.8	32.2	27.5	24.9	34.2
Injury							
Suicide deaths per 100,000 population	17.1	14.5	9.7	14.9	14.1	12.6	11.8*
Violence by current or former intimate partners	NA	NA	NA	NA	1.0%	1.0%*	NA
Rape or attempted rape	7.5%	5.4%	6.3%	6.2%	6.4%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	6.7	6.2	5.1	5.6	5.9	11.9	9.2
Motor vehicle crash related deaths per 100,000 pop.	13.5	18.1	13.0	11.6	14.1	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	16.6	10*	8.3*	8.5*	10.9	11.4	11.8
Emergency department visits due to falls among older adults per 10,000 population	7,450	8,772	6,445	7,798	7,691	7,325	NA
TBI Hospitalizations per 10,000 population	96.3	81.3	68.1	72.6	80.7	82.3	NA
Cancer							
Sigmoid/colonoscopy (ever) for people age 50 & over	79.2%	78.2%	76.4%	69.2%	75.7%	74.2%	65.2%
Mammograms in past 2 years for women age 50 & over	85.8%	84.2%	82.2%	76.9%	82.2%	83.6%	77.9%
Pap smears in past three years for women age 18 & over	86.4%	85.9%	88.7%	81.4%	85.5%	85.0%	85.0%
Mortality - all cancers per 100,000 population	177.6	185.2	189.0	197.6	186.7	196.0	175.8*
Incidence - all cancers per 100,000 population	513.9	450.4	440.0	526.7	484.7	496.7	456.4*
Mental Health							
Co-morbidity for persons with mental illness	NA	NA	NA	NA	45.3	NA	NA
Lifetime depression	20.0%	20.4%	21.8%	22.4%	21.2%	21.1%*	NA
Lifetime anxiety	16.1%	12.1%	15.8%	22.0%	16.6%	17.3%*	NA
Alzheimer's disease, & related disorders, or senile dementia per 1,000 population (age-adjusted)	11.3	10.3	10.0	10.0	10.5	12.0	NA
Environmental Health							
Homes with elevated radon	11.2%	16.1%	10.9%	11.2%	12.6%	14.8%*	NA
Homes with private wells tested for arsenic	49.6%	27.7%	NA	45.0%	39.9%	NA	NA
Children with elevated blood lead levels per 10,000	1.5	1.2	1.1	0.9	1.2	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000	6.6	8.7	8.2	10.7	8.1	9.9	NA
Infectious Disease							
Chronic Hepatitis B per 100,000 population	7.6	5.8	2.8	7.7	6.1	7.9	NA
Lyme disease incidence per 100,000 population	259.4	154.9	133.5	64.5	154.2	75.7	7.9
Salmonellosis incidence per 100,000 population	22.7	11.7	2.8	25.8	16.2	10.1	17.6
Pertussis incidence per 100,000 population	2.5	2.9	5.7	12.9	6.1	15.4	8.9
Gonorrhea incidence per 100,000 population	7.6	5.8	11.4	2.6	6.8	20.5	100.8
Chlamydia incidence per 100,000 population	186.4	131.5	318.1	126.7	188.7	232.9	426.0
HIV incidence per 100,000 population	2.5	0.0	2.8	0.0	1.4	4.1	19.7
Additional Socio-Economic Status measures							
People who speak English less than very well, >5 years	0.4%	0.4%	0.6%	0.3%	0.4%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	12.5%	10.8%	8.8%	14.6%	11.8%	12.6%	13.8%
No current health insurance	13.1%	11.8%	8.2%	14.1%	11.9%	10.2%	15.0%
Unemployment	7.0%	7.1%	6.6%	8.4%	7.3%	7.5%	8.9%
HS graduation rate, 2011	85.6%	85.3%	91.4%	86.3%	87.1%	83.8%	NA
Persons 25 and older with less than a HS education	10.3%	7.6%	8.2%	10.0%	9.1%	10.2%	15.0%
Disability status	18.0%	16.4%	14.1%	17.8%	16.6%	15.7%	12.0%
Veterans Status	14.0%	15.6%	16.7%	14.5%	14.5%	13.2%	9.9%
65+ living alone	31.2%	27.6%	27.5%	29.8%	29.1%	29.8%	27.3%

District level data points to these key areas needing improvement, including adult obesity, diabetes hospitalizations, respiratory disease hospitalizations, non-fatal child maltreatment, and incidence of all cancers. County level data may show additional key areas needing improvement: please see table for these data.

County and District Data from the 2012 Maine State Health Assessment

Penquis District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Penobscot County	Piscataquis County	District Rate	Maine Rate	US Rate
General health status					
Fair or poor health - adults	16.4%	17.3%	16.5%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	4.1	3.8	4.1	3.8	NA
Average number of unhealthy days in the past month (mental health)	4.4	3.6	4.3	3.7	NA
Access					
Proportion of persons with a usual primary care provider	90.7%	86.6%	90.1%	88.4%	NA
No dental care in past year	33.7%	35.2%	33.9%	32.4%	NA
Physical Activity, Nutrition and Weight					
Obesity - adults	34.2%	37.5%	34.7%	27.7%	27.5%
Obesity - high school students	15.0%	18.9%	15.4%	12.9%	NA
Overweight - high school students	17.3%	13.3%	16.9%	15.5%	NA
Sedentary lifestyle - adults	23.9%	16.1%	22.7%	22.5%	23.9%
Cardiovascular Health					
High blood pressure	32.2%	37.5%	32.9%	30.0%	28.7%
High cholesterol	35.3%	44.9%	36.5%	38.8%	37.5%
Diabetes					
Diabetes - adults	10.7%	12.1%	10.9%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	NA	NA	86.6%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	148.0	175.2	150.8	118.4	NA
Respiratory					
Current asthma - adults	11.6%	11.0%	11.5%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	10.5%	14.8%	11.0%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,044	1,147	1,049	1,105	NA
COPD hospitalizations per 100,000 population	288.4	210.6	278.6	198.3	NA
Tobacco Use					
Current smoking - high school students	17.1%	16.4%	17.0%	15.5%	NA
Current smoking - adults	15.7%	22.1%	16.6%	18.2%	17.2%
Alcohol Use					
Binge drinking - adults	14.0%	10.9%	13.6%	14.3%	15.1%
Current alcohol use - high school students	30.3%	27.9%	30.1%	28.0%	NA
Infectious Disease					
Influenza Vaccine Coverage - Ages 18 Years and Older	51.1%	41.7%	49.7%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	79.4%	NA	78.2%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

Demographics					
Population	153,923	17,535	171,458	1,328,361	3.08 mil
Population ages 0-17	30,355	3,365	33,720	274,533	0.74 mil
Population ages 65-74	11,696	2,021	13,717	112,651	0.21 mil
Population ages 75+	10,557	1,543	12,100	98,429	0.17 mil
Population Density	45.3	4.4	23.3	43.1	87.4
Population - White, non-Hispanic	94.7%	96.3%	94.8%	94.4%	63.7%
Population - Hispanic	1.1% (1620)	1.0% (169)	1.0% (1789)	1.3%	16.3%
Population - Two or more races	1.5% (2349)	1.2% (208)	1.5% (2557)	1.6%	2.9%
Population - American Indian and Alaska Native	1.2% (1809)	0.5% (92)	1.1% (1901)	0.6%	0.9%

Other Key Health Indicators from the 2012 Maine State Health Assessment	Penobscot County	Piscataquis County	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	75.0/80.1	74.3/80.5	NA	78.7	78.6
Oral Health					
Tooth loss to gum disease or tooth decay (6 or more) - adults	19.0%	27.4%	20.3%	19.7%	NA
Maternal and Child Health					
Low Birth weight, <2500 grams	6.4%	7.7%	6.5%	6.4%	8.2%
Infant death per 100,000 births	5.9	4.3	5.8	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	88.0%	84.0%	87.7%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	23.0	31.4	23.7	24.9	34.2
Injury					
Suicide deaths per 100,000 population	13.5	21.2	14.3	12.6	11.8*
Violence by current or former intimate partners	NA	NA	0.8%	1.0%*	NA
Rape or attempted rape	6.0%	4.5%	5.8%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	15.3	18.1	15.5	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	9.8	10.8*	9.9	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	14.3	10.2*	13.9	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	5,951	6,209	5,982	7,325	NA
TBI Hospitalizations per 100,000 population	84.3	56.3	81.2	82.3	NA
Cancer					
Sigmoid/colonoscopy (ever) - people age 50 & over	72.3%	66.2%	71.2%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	88.6%	75.2%	86.1%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	81.9%	86.2%	82.5%	85.0%	85.0%
Mortality - all cancers per 100,000 population	205.8	225.8	208.3	196.0	175.8*
Incidence - all cancers per 100,000 population	537.2	522.5	535.5	496.7	456.4*
Mental Health					
Co-morbidity for persons with mental illness	NA	NA	63.9%	NA	NA
Lifetime depression - adults	25.5%	24.4%	25.3%	21.1%*	NA
Lifetime anxiety - adults	17.4%	23.3%	18.3%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.4	9.5	12.0	12.0	NA
Environmental Health					
Homes with elevated radon	7.7%	NA	8.9%	14.8%*	NA
Homes with private wells tested for arsenic	31.3%	NA	30.2%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.7	1.9	0.8	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	6.7	9.6	7.0	9.9	NA
Infectious Disease					
Chronic Hepatitis B per 100,000 population	3.3	0.0	2.9	7.9	NA
Lyme disease incidence per 100,000 population	7.2	34.4	9.9	75.7	7.9
Salmonellosis incidence per 100,000 population	3.3	5.7	3.5	10.1	17.6
Pertussis incidence per 100,000 population	89.1	103.3	90.5	15.4	8.9
Gonorrhea incidence per 100,000 population	13.7	0.0	12.3	20.5	100.8
Chlamydia incidence per 100,000 population	187.3	137.8	182.2	232.9	426.0
HIV incidence per 100,000 population	2.0	0.0	1.8	4.1	19.7
Additional Socio-Economic Status measures					
People who speak English less than very well, >5 years	1.0%	0.8%	1.0%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	15.7%	16.2%	15.7%	12.6%	13.8%
No current health insurance	10.1%	NA	NA	10.2%	15.0%
Unemployment	8.1%	10.4%	8.3%	7.5%	8.9%
High school graduation rate, 2011	83.7%	81.3%	83.5%	83.8%	NA
Persons 25 and older with less than a HS education	10.5%	11.7%	10.6%	10.2%	15.0%
Disability status	16.5%	NA	NA	15.7%	12.0%
Veterans Status	12.0%	15.9%	12.4%	13.2%	9.9%
65+ living alone	29.9%	30.1%	29.9%	29.8%	27.3%

*data may be unreliable due to small numbers

Western Public Health District Health Status Data

District level data points to these key areas needing improvement, including overweight high school students, diabetes hospitalizations, respiratory disease hospitalizations, teen birth rate, non-fatal child maltreatment, emergency department visits due to falls for seniors, traumatic brain injury hospitalization, children with elevated blood lead levels, and carbon monoxide emergency department visits. County level data may show additional key areas needing improvement: please see table for these data.

County and District Data from the 2012 Maine State Health Assessment

Western District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	Androscoggin County	Franklin County	Oxford County	District Rate	Maine Rate	US Rate
General health status						
Fair or poor health - adults	15.4%	14.8%	16.0%	15.5%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	4.0	5.6	3.9	4.3	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.5	3.8	3.9	3.7	3.7	NA
Access						
Proportion of persons with a usual primary care provider	89.3%	89.2%	89.2%	89.3%	88.4%	NA
No dental care in past year	37.4%	31.9%	39.2%	37.0%	32.4%	NA
Physical Activity, Nutrition and Weight						
Obesity - adults	26.0%	33.5%	25.4%	27.1%	27.7%	27.5%
Obesity - high school students	13.5%	10.3%	15.0%	13.7%	12.9%	NA
Overweight - high school students	19.6%	20.0%	17.4%	18.8%	15.5%	NA
Sedentary lifestyle - adults	24.0%	18.3%	21.9%	22.3%	22.5%	23.9%
Cardiovascular Health						
High blood pressure	31.3%	28.2%	27.5%	29.5%	30.0%	28.7%
High cholesterol	39.7%	40.8%	38.1%	39.4%	38.8%	37.5%
Diabetes						
Diabetes - adults	8.9%	9.2%	9.2%	9.0%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	NA	89.2%	81.8%	76.6%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	136.8	128.9	121.8	131.0	118.4	NA
Respiratory						
Current asthma - adults	8.9%	8.3%	9.9%	9.1%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	10.4%	11.1%	9.9%	10.4%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,177	546	1,087	1,057	1,105	NA
COPD hospitalizations per 100,000 population	220.2	318.7	262.2	248.1	198.3	NA
Tobacco Use						
Current smoking - high school students	14.9%	12.1%	17.2%	15.4%	15.5%	NA
Current smoking - adults	13.7%	16.7%	21.5%	16.8%	18.2%	17.2%
Alcohol Use						
Binge drinking - adults	11.0%	21.4%	18.2%	15.1%	14.5%	15.1%
Current alcohol use - high school students	24.6%	31.2%	28.6%	26.8%	28.0%	NA
Infectious Disease						
Influenza Vaccine Coverage - Ages 18 Years and Older	47.2%	45.7%	47.1%	46.9%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	65.9%	78.9%	NA	68.0%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

Demographics						
Population	107,702	30,768	57,833	196,303	1,328,361	3.08 mil.
Population ages 0-17	24,308	6,047	12,317	42,672	274,533	0.74 mil.
Population ages 65-74	7,856	2,921	5,306	16,083	112,651	0.21 mil.
Population ages 75+	7,328	2,239	4,537	14,104	98,429	0.17 mil.

Other Key Health Indicators from the 2012 Maine State Health Assessment	Androscoggin County	Franklin County	Oxford County	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	75.2/79.9	76.1/80.3	74.5/80.0	NA	78.7	78.6
Oral Health						
Tooth loss to gum disease or tooth decay (6 or more) - adults	21.6%	21.4%	24.4%	22.4%	19.7%	NA
Maternal and Child Health						
Low Birth weight, <2500 grams per 100,000 births	6.4	7.3	6.9	6.6	6.4	8.2
Infant death per 100,000 births	6.3	5.7	6.0	6.1	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	89.1%	81.1%	87.0%	87.6%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	38.3	19.5	30.0	32.2	24.9	34.2
Injury						
Suicide deaths per 100,000 population	10.9	12.1	12.1	11.4	12.6	11.8*
Violence by current or former intimate partners	NA	3.9%	NA	1.5%	1.0%*	NA
Rape or attempted rape	6.6%	4.9%	7.5%	6.5%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	15.2	15.0	14.1	14.9	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	9.6	18.2	18.4	13.5	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	10.7	6.7*	11.5	10.2	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,890	8,611	7,155	7,764	7,325	NA
TBI Hospitalizations per 100,000 population	93.9	81.0	103.4	94.6	82.3	NA
Cancer						
Sigmoid/colonoscopy (ever) - people age 50 & over	70.9%	68.7%	72.2%	70.9%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	84.0%	80.5%	75.9%	80.9%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	85.1%	77.9%	86.0%	84.0%	85.0%	85.0%
Mortality - all cancers per 100,000 population	192.3	215.0	213.3	201.5	196.0	175.8*
Incidence - all cancers per 100,000 population	491.5	506.3	527.6	503.4	496.7	456.4*
Mental Health						
Co-morbidity for persons with mental illness	NA	NA	NA	48.0%	NA	NA
Lifetime depression - adults	21.4%	15.6%	20.8%	20.2%	21.1%*	NA
Lifetime anxiety - adults	15.7%	15.5%	16.8%	16.0%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	12.1	10.6	9.0	10.9	12.0	NA
Environmental Health						
Homes with elevated radon	13.9%	10.9%	7.2%	11.3%	14.8%*	NA
Homes with private wells tested for arsenic	40.9%	NA	34.0%	35.4%	NA	NA
Children with elevated blood lead levels per 10,000	2.0	1.1	1.0	1.6	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	18.1	12.3	25.8	19.3	9.9	NA
Infectious Disease						
Chronic Hepatitis B per 100,000 population	6.5	3.3	1.7	4.6	7.9	NA
Lyme disease incidence per 100,000 population	54.0	19.5	48.5	47.0	75.7	7.9
Salmonellosis incidence per 100,000 population	15.8	16.3	10.4	14.3	10.1	17.6
Pertussis incidence per 100,000 population	0.9	3.3	5.2	2.6	15.4	8.9
Gonorrhea incidence per 100,000 population	85.7	0.0	10.4	50.0	20.5	100.8
Chlamydia incidence per 100,000 population	340.8	227.7	161.2	270.1	232.9	426.0
HIV incidence per 100,000 population	1.9	6.5	0.0	2.0	4.1	19.7
Additional Socio-Economic Status measures						
People who speak English less than very well, >5 years	3.5%	1.2%	0.9%	2.4%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	14.3%	15.5%	13.2%	14.2%	12.6%	13.8%
No current health insurance	9.8%	11.0%	11.8%	10.6%	10.2%	15.0%
Unemployment	7.5%	9.4%	9.7%	8.4%	7.5%	8.9%
High school graduation rate, 2011	79.0%	80.9%	84.3%	81.1%	83.8%	NA
Persons 25 and older with less than a HS education	13.6%	12.3%	12.5%	13.1%	10.2%	15.0%
Disability status	15.9%	17.1%	18.0%	16.7%	15.7%	12.0%
Veterans Status	13.9%	11.5%	14.6%	13.7%	13.2%	9.9%
65+ living alone	30.8%	28.6%	27.7%	29.4%	29.8%	27.3%

*data may be unreliable due to small numbers

York Public Health District Health Status Data

District level data points to these key areas needing improvement, including respiratory disease ED visits.

County and District Data from the 2012 Maine State Health Assessment

York District

Updated 5/20/2013

Indicators from the "2010 Call to District Action"	District Rate	Maine Rate	US Rate
General health status			
Fair or poor health - adults	12.5%	14.7%	14.9%
Average number of unhealthy days in the past month (physical health)	3.5	3.8	NA
Average number of unhealthy days in the past month (mental health)	3.7	3.7	NA
Access			
Proportion of persons with a usual primary care provider	89.7%	88.4%	NA
No dental care in past year	28.9%	32.4%	NA
Physical Activity, Nutrition and Weight			
Obesity - adults	28.8%	27.7%	27.5%
Obesity - high school students	11.6%	12.9%	NA
Overweight - high school students	15.6%	15.3%	NA
Sedentary lifestyle - adults	22.2%	22.5%	23.9%
Cardiovascular Health			
High blood pressure	28.7%	30.0%	28.7%
High cholesterol	40.2%	38.8%	37.5%
Diabetes			
Diabetes - adults	7.4%	8.7%	8.7%
Adults with diabetes who have had a A1c test 2x per year	84.0%	79.5%	NA
Diabetes hospitalizations per 100,000 population (principal diagnosis)	94.7	118.4	NA
Respiratory			
Current asthma - adults	9.7%	10.0%	9.1%
Current asthma - children and youth (ages 0-17)	9.3%	8.9%	NA
Bronchitis and Asthma ED visits per 100,000 population	1,286	1,105	NA
COPD hospitalizations per 100,000 population	158.6	198.3	NA
Tobacco Use			
Current smoking - high school students	15.5%	15.5%	NA
Current smoking - adults	19.7%	18.2%	17.2%
Alcohol Use			
Binge drinking - adults	16.8%	14.5%	15.1%
Current alcohol use - high school students	29.3%	28.0%	NA
Infectious Disease			
Influenza Vaccine Coverage - Ages 18 Years and Older	49.0%	47.1%	NA
Pneumococcal Vaccination Coverage - Ages 65 Years & Older	72.0%	71.8%	68.8%

For a number of reasons, several indicators from the "Call to Action" were not analyzed for the 2012 State Health Assessment, and therefore are not included in this update, including: adult asthma hospitalizations, bacterial pneumonia hospitalizations, congestive heart failure hospitalizations, hypertension hospitalizations, diabetes short and long term complication hospitalizations, uncontrolled diabetes hospitalizations, the rate of lower-extremity amputation among patients with diabetes, the percent of adults with greater than 14 days of frequent mental distress, and the number of visit to KeepME Well.org

Demographics			
Population	197,131	1,328,361	3.08 mil.
Population ages 0-17	42,091	274,533	0.74 mil.
Population ages 65-74	16,306	112,651	0.21 mil.
Population ages 75+	14,047	98,429	0.17 mil.
Population Density	199.0	43.1	87.4
Population - White, non-Hispanic	95.6%	94.4%	63.7%
Population - Hispanic	1.3% (2478)	1.3%	16.3%
Population - Two or more races	1.4% (2731)	1.6%	2.9%
Population - Asian	1.1% (2096)	1.0%	4.8%
Population - Black or African American	0.6% (1108)	1.2%	12.6%

Other Key Health Indicators from the 2012 Maine State Health Assessment	District Rate	Maine Rate	US Rate
Life expectancy in years (M/F, for 2007)	77.0/81.5	78.7	78.6
Oral Health			
Tooth loss to gum disease or tooth decay (6 or more) - adults	17.0%	19.7%	NA
Maternal and Child Health			
Low Birth weight, <2500 grams per 100,000 births	6.5	6.4	8.2
Infant death per 100,000 births	5.7	6.1*	6.4*
Live births, for which the mother received early & adequate prenatal care	86.7%	85.4%	NA
Teen birth rate per 1,000 females aged 15-19	20.1	24.9	34.2
Injury			
Suicide deaths per 100,000 population	13.7	12.6	11.8*
Violence by current or former intimate partners	2.3%	1.0%*	NA
Rape or attempted rape	5.3%	11.9%*	NA
Non-fatal child maltreatment per 1,000 population	12.4	11.9	9.2
Motor vehicle crash related deaths per 100,000 population	11.3	12.5	11.1*
Unintentional poisoning deaths per 100,000 population	11.0	11.4	11.8
Emergency department visits due to falls among older adults per 100,000 population	7,045	7,325	NA
TBI Hospitalizations per 100,000 population	64.6	82.3	NA
Cancer			
Sigmoid/colonoscopy (ever) - people age 50 & over	78.5%	74.2%	65.2%
Mammograms in past two years - women age 50 & over	85.7%	83.6%	77.9%
Pap smears in past three years - women age 18 & over	85.7%	85.0%	85.0%
Mortality - all cancers per 100,000 population	186.3	196.0	175.8*
Incidence - all cancers per 100,000 population	486.6	496.7	456.4*
Mental Health			
Co-morbidity for persons with mental illness	44.6%	NA	NA
Lifetime depression - adults	19.5%	21.1%*	NA
Lifetime anxiety - adults	15.3%	17.3%*	NA
Alzheimer's disease, dementia & related disorders per 1,000 population	11.0	12.0	NA
Environmental Health			
Homes with elevated radon	13.8%	14.8%*	NA
Homes with private wells tested for arsenic	43.7%	NA	NA
Children with elevated blood lead levels per 10,000 population	0.9	1.0	0.6*
Carbon monoxide poisoning ED visits per 100,000 population	8.6	9.9	NA
Infectious Disease			
Chronic Hepatitis B per 100,000 population	4.5	7.9	NA
Lyme disease incidence per 100,000 population	99.9	75.7	7.9
Salmonellosis incidence per 100,000 population	13.1	10.1	17.6
Pertussis incidence per 100,000 population	2.5	15.4	8.9
Gonorrhea incidence per 100,000 population	7.6	20.5	100.8
Chlamydia incidence per 100,000 population	237.6	232.9	426.0
HIV incidence per 100,000 population	4.5	4.1	19.7
Additional Socio-Economic Status measures			
People who speak English less than very well, >5 years	1.8%	1.7%	8.7%
Poverty - total under 100% of the Federal Poverty Level	8.5%	12.6%	13.8%
No current health insurance	9.3%	10.2%	15.0%
Unemployment	6.8%	7.5%	8.9%
High school graduation rate, 2011	84.2%	83.8%	NA
Persons 25 and older with less than a HS education	9.9%	10.2%	15.0%
Disability status	13.5%	15.7%	12.0%
Veterans Status	13.4%	13.2%	9.9%
65+ living alone	27.9%	29.8%	27.3%

Progress in Responding to District Health Status Data:

District Public Health Improvement Plan Priorities

Each of the Public Health Districts utilized district-level data from the State Health Assessment[1] and stakeholder input to select priorities. The District Coordinating Councils developed a two-year plan as part of an ongoing effort to improve overall health status in each respective District. The following pages provide the priority areas selected by the District Coordinating Councils including public health service focus areas as well as health status focus areas. The progress achieved by the District is highlighted.

For more background on the District Public Health Improvement Plans and 2011 – 2012 Phase 1 Plans, please go here:

http://www.maine.gov/dhhs/mecdc/public-health-systems/dphip/index.shtml .

[1]County and Public Health District Briefs, the presentations made to District Coordinating Councils in October, November and December of 2012 , a native American data brief, and a presentation made to Tribal health directors in July of 2013 are also available (see District data in the Topics list) For more information, go to http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml

AROOSTOOK DISTRICT PUBLIC HEALTH IMPROVEMENT PLAN

Progress Sheet for 2013 - 2014

Essential Public Health Service Focus Areas	***Progress***
• Inform, educate and empower people about health issues (Essential Public Health Service 3) • Mobilize community partnerships and action to identify and solve health problems (Essential Public Health Service 4) • Link people to needed public health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7) • Assure competent public health and personal health care workforce (Essential Public Health Service 8) • Evaluate effectiveness, accessibility, and quality of personal and population-based health services (Essential Public Health Service 9) • Research for new insights and innovative solutions to health problems (Essential Public Health Service 10)	• Quarterly topics that DCC members will be promoting internally and with the media for 2014 include: Heart Disease Prevention, Alcohol Awareness, Domestic Violence Prevention, and Diabetes Awareness. (Links to EPHS 3) • Conducting a pilot project designed to increase access to personal health services by providing travel assistance to medical appointments for those with identify financial need and have no other means or insurance to cover those costs (Links to EPHS 7) • Local Health Officers, home visitors and emergency response personnel were surveyed to determine what additional educational needs or technical assistance might be beneficial. Mandated Reporting arose as a training opportunity. The DCC offered logistical support for the training and requested expert speakers from DHHS OADS and OCFS to close the loop. (Links to EPHS 8) • District Public Health Improvement Plan progress reported regularly as a standing agenda item at all quarterly DCC meetings to ensure progress is continuously being made or address needed resources or assistance to moving work forward.(Links to EPHS 9) • The DCC is working with the University of Maine at Fort Kent to identify innovative ways of incorporating active learning into lesson planning curriculum.(Links to EPHS 10)
Health Status Focus Areas	
*Aroostook chose to identify Essential Public Health Services to focus on rather than health status focus areas this review period.	

CENTRAL DISTRICT PUBLIC HEALTH IMPROVEMENT PLAN

Progress Sheet for 2013 - 2014

Essential Public Health Service Focus Areas	***Progress***
• Inform, educate, and empower people about health issues (Essential Public Health Service 3) • Mobilize community partnerships to identify and solve health problems (Essential Public Health Service 4) • Link people to needed public health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7)	• Held two days of training on use of the Prevention Impacts Simulation Model (PRISM) with the Georgia Health Policy Center; formed ongoing district users group (Links to EPHS 4 and Physical Activity) • Partnered with the MaineGeneral Prevention Center to receive a planning grant from Maine Oral Health Partners to expand provision of oral health care in clinical settings for children up to age nine (Links to EPHS 7 and Oral Health)
Health Status Focus Areas	• Created an inventory of district primary care practices with integrated mental health and substance abuse services to use to help coordinate and assist existing and emerging behavioral health integration initiatives in the district (Links to EPHS 3 and Mental Health & Substance Abuse)
• Mental Health & Substance Abuse • Physical Activity • Oral Health	• Set up an Active Community Environment Team in the Waterville area (Links to EPHS 4 and Physical Activity)

CUMBERLAND DISTRICT PUBLIC HEALTH IMPROVEMENT PLAN

Progress Sheet for 2013 - 2014

Essential Public Health Service Focus Areas	***Progress***
• Inform, educate, and empower people about health issues (Essential Public Health Service 3) • Mobilize community partnerships to identify and solve health problems (Essential Public Health Service 4) • Link people to needed public health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7)	• Greater Portland Refugee and Immigrant Health Collaborative solidly established and successfully leveraged funding from private foundations and federal grants to address identified gaps and health care access barriers, including SmilePartners, an initiative that establishes preventive dental care and reduces reliance on emergency rooms for dental treatment. (Links to EPHS 3,4 & 7) • Cumberland County Medical Reserve Corps established and engaged in training and exercises to increase and enhance the level pf preparedness within the district. (Links to EPHS 4 and Public Health Preparedness) • Health on the Move strategy to bring preventive screenings and health promotion services out into underserved communities was piloted, refined, and funded for the upcoming year (Links to EPHS 3,4 and Health Equity)
Health Status Focus Areas	
• Obesity • Flu and Pneumococcal Vaccination • Tobacco • Sexual Health/STDs • Health Equity • Public Health Preparedness • Healthy Homes • Mental Health & Substance Abuse	

DOWNEAST DISTRICT PUBLIC HEALTH IMPROVEMENT PLAN

Progress Sheet for 2013 - 2014

Essential Public Health Service Focus Areas	***Progress***
• Inform, educate, and empower people about health issues (Essential Public Health Service 3) • Mobilize community partnerships to identify and solve health problems (Essential Public Health Service 4)	• Downeast Transportation Summit held in November 2013. (Links to EPHS 3,4 and Clinical Health Care System) • Ongoing work on LGBT issues spearheaded by Downeast AIDS Network and other partners (Links to EPHS 3,4 and Clinical Health Care System) • District partners participated in the Community Health Needs Assessment Project led by Eastern Maine Healthcare System as a way to align health data. (Links to EPHS 3,4, Environmental Health and Clinical Health Care System) • Pilot of Health Center and Food Pantry Collaboration to provide health screenings and referral services organized and implemented: project to be evaluated and expanded to other areas of district (Links to EPHS 3, 4, Food Policy and Access and Clinical Health Care System)
Health Status Focus Areas	
• Environmental Health • Food Policy and Access • Clinical Health Care System	

MIDCOAST DISTRICT PUBLIC HEALTH IMPROVEMENT PLAN

Progress Sheet for 2013 - 2014

Essential Public Health Service Focus Areas	***Progress***
• Inform, educate, and empower people about health issues (Essential Public Health Service 3) • Mobilize community partnerships to identify and solve health problems (Essential Public Health Service 4) • Develop policies and plans that support individual and community health efforts (Essential Public Health Service 5)	• Partnered with county SNAP Education programs to offer district wide healthy eating and physical activity training for early childhood development during June 2013 (Links to EPHS 4) • Hoarding 101 workshop conducted for Local Health Officers during April 2014 (Links to EPHS 3) • Created new district logo to promote Midcoast Public Health District during April 2014 (Links to EPHS 3 & 5)
Health Status Focus Areas	
• Behavioral Health (including substance abuse and mental health) • Transportation	• Coordinated district wide education on strategies to address Pediatric Mental Health and Adverse Childhood Experiences, culminating in district wide summit to share best practices during June, 2014 (Links to EPHS 3,4 and Behavioral Health)

PENQUIS DISTRICT PUBLIC HEALTH IMPROVEMENT PLAN *Progress Sheet for 2013 - 2014*	
Essential Public Health Service Focus Areas	***Progress***
• Inform, educate, and empower people about health issues (Essential Public Health Service 3)	• In 2013-2014 a series of educational forums were held on Adverse Childhood Experience; through our partnership several partners are seeking funds to support ongoing work change protocol within community settings to address this issue. (Links to EPHS 3 and Poverty Adverse Childhood Experiences)
Health Status Focus Areas	
• Poverty Adverse Childhood Experiences (ACEs) • Obesity/ Diabetes	• Several new policy changes and additional programming to decrease obesity in K-12 schools and childcare settings in Penobscot and Piscataquis Counties (Links to EPHS 3 and Obesity/Diabetes) • Addition of new Active Community Environment Teams that encourage environmental and policy change that will increase levels of physical activity by promoting walking, bicycling, and the development of accessible recreation facilities that encourage all citizens to be physically active in their daily lives (Links to EPHS 3 and Obesity/Diabetes)

WABANAKI DISTRICT PUBLIC HEALTH IMPROVEMENT PLAN

Progress Sheet for 2013 - 2014

The Wabanaki Public Health District has not yet completed its first independent District Public Health Improvement Plan. The Wabanaki Health Assessment was completed in 2011 and was administered across the five Tribal communities in Maine: the Micmac, Maliseet, Penobscot, and Passamaquoddy Tribes. The aggregate data was compiled, along with individual data for each of the four tribes. These data are being gathered into a profile format appropriate for community members. The Passamaquoddy Tribe has a finished profile, and the Micmac, Maliseet and Penobscot Tribes will have a finalized profile in June 2014. Wabanaki Public Health is currently working with each Tribal community to develop individual dissemination plans for the Community Profiles. This will include collaboration with Healthy Wabanaki, the local Healthy Maine Partnership, to hold forums with Tribal leadership and key stakeholders to determine priorities in each Tribal community, as well as completing a Tribal Local Public Health Systems Assessment. All of these steps will lead into the development of the Wabanaki District Public Health Improvement Plan.

Essential Public Health Service Focus Areas	***Progress***
• TO BE DETERMINED	• Community profiles were completed and printed for the Passamaquoddy Tribe by University of New England in November 2013. • Community profiles for the Micmac, Maliseet, and Penobscot Tribes have been compiled by the University of Nebraska Medical Center. The profiles are scheduled to be completed and printed in June 2014. • A planning meeting was held with both Passamaquoddy Health Directors regarding community forums to be held at Passamaquoddy Indian Township and Pleasant Point to begin development of individual Community Health Improvement Plans for each reservation, February /April 2014.
Health Status Focus Areas	
• TO BE DETERMINED	

WESTERN DISTRICT PUBLIC HEALTH IMPROVEMENT PLAN

Progress Sheet for 2013 - 2014

Essential Public Health Service Focus Areas	***Progress***
• Inform, educate and empower people about health issues (Essential Public Health Service 3) • Mobilize community partnerships and action to identify and solve health problems (Essential Public Health Service 4) • Link people to needed public health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7) • Assure competent public health and personal health care workforce (Essential Public Health Service 8)	• Trainings and forums to educate about the negative effects of marijuana use (Links to EPHS 3 and Behavioral Health) • Held district wide obesity workgroup strategic planning session (Links to EPHS 4 and Obesity) • Healthy Oxford Hills and Maine Rural Health Network have collaborated to secure funding for the development and pilot of an electronic collaborative tool. The purpose of this tool is to improve communication via online workgroups and document sharing amongst providers' district wide in regards to health resources. A coordinator was hired for the research, marketing and piloting of the collaborative tool. Pilot has been expanded from Oxford County to include both Androscoggin and Franklin Counties as active members of this pilot. Current marketing initiatives are underway to use the collaboration tool to promote internship opportunities with colleges and healthcare providers' district wide. (Links to EPHS 7 and Development of Electronic Collaborative Tool) • Flu brochure was assembled and distributed district wide with dates and locations of flu clinics being offered by all hospitals in the district. 4 out of 5 hospitals in the district were awarded with recognition certifications for achieving 85% or greater employee flu vaccinations. (Links to EPHS 8 and Promoting Influenza & Pneumococcal Vaccine for People at Risk)
Health Status Focus Areas • Promoting Influenza & Pneumococcal Vaccine for People at Risk • Development of Electronic Collaborative Tool • Behavioral Health • Obesity	

York District Public Health Improvement Plan

Progress Sheet for 2013 - 2014

Essential Public Health Service Focus Areas	***Progress***
• Inform, educate, and empower people about health issues (Essential Public Health Service 3) • Mobilize community partnerships to identify and solve health problems. (Essential Public Health Service 4) • Link people to needed public health services and assure the provision of health care when otherwise unavailable (Essential Public Health Service 7) • Research for new insights and innovative solutions to health problems (Essential Public Health Service 10)	• Held Eastern Equine Encephalitis (EEE) Public Educational Forum in response to the high number of positive mosquito pools within the county. (Links to EPHS 3 and Public Health Emergency Preparedness) • Partnered with Shalom House Inc. to hold Hoarding 101 Training session for code enforcement officers, local health officers, providers, and the public. This was in response to a growing concern over the access to care around this complex mental health disorder. Resulted in the creation of a York hoarding Task Force. (Links to EPHS 3, 4,7,10 and Mental Health)
Health Status Focus Areas	• Held a Medical Reserve Corps recruiting event and information session. The district was able to sign up some new members while also presenting the need for emergency preparedness planning. (Links to EPHS 3,4, 10 and Public Health Emergency Preparedness)
• Mental Health & Substance Abuse • Physical Activity, Nutrition & Obesity • Public Health Emergency Preparedness	• Partnered with the Maine CDC environmental health staff to present a Climate Change and Environmental Health Information Session. (Links to EPHS 3 & 10) • Organized an Affordable Care Act Information Session. This was very beneficial for area providers and members of the public who attended. (Links to EPHS 3)

STATEWIDE DISTRICT INITIATIVES

In addition to the District Coordinating Councils responding to district health status data through the District Public Health Improvement Plans, the districts as part of the public health infrastructure participate in statewide initiatives. In the past year, all the districts participated in these statewide initiatives at various levels.

Community Transformation Grant

The Maine Center for Disease Control and Prevention (Maine CDC) was awarded a five-year Community Transformation Grant (CTG) in September, 2011. One novel implementation was to establish funding for each district to determine how best to meet the State's objectives. This initiative focused on reducing the rates and health impact of obesity, tobacco use and heart disease. Districts through a CTG Coordinator and district partnerships have been working in these areas:

- **Healthy Eating** - Improve nutrition standards, policies, and guidelines for food and beverages in schools, early childcare education settings, government agencies and other workplaces.
- **Active Living** - Improve policies, practices, and guidelines for increased physical activity in schools, early childcare education settings, and workplaces. On a regional basis, create awareness to increase adoption of comprehensive approaches to improve community design for enhancing the environment for walking, bicycling, and active transportation.
- **Clinical and Community Preventative Services**—Improve diagnosis, treatment and control of hypertension and high cholesterol.

Implementation of District Coordinating Council Bylaws

All districts reviewed language and created bylaws that have been submitted to the Statewide Coordinating Council.

Lyme Disease Forums

Through partnering with Maine CDC Infectious Disease Epidemiology and other statewide partners, each district held Lyme disease forums in spring of 2013 to provide community awareness and education.

Vigilant Guard

The State of Maine participated in a regional multi-event emergency preparedness exercise during the week of November 5, 2013. National Guard Soldiers and Airmen, local and state first responders, local, county and state emergency managers, voluntary agencies and multi-national participants and observers conducted a large-scale training exercise called Vigilant Guard. Utilizing simulated weather disasters as well as vehicular accidents, bomb threats, hazardous spills, collapsed structures and cyber security breaches, communication and coordination

between partners as well as testing of incident command practices were tested, implemented, and evaluated.

III. Next Steps

State Health Improvement Plan (SHIP) Priorities

Maine's State Health Improvement Plan represents a long-term, systematic effort to address public health challenges and needs as identified through the *State Health Assessment*, the *State Public Health System Assessment*, the *OneMaine Community Health Needs Assessment*, and additional input and information available during the development of the plan. SHIP development is being driven in part by the Maine CDC's effort toward achieving national state public health agency accreditation.

The SHIP will be a plan used by the entire public health system in Maine, not just Maine CDC or Maine DHHS. An important role for this plan is to engage all stakeholders including state and local governments, health care providers, employers, community groups, universities and schools, environmental groups, and many more to set priorities, coordinate and focus resources, and promote Maine's statewide health improvement agenda for the period covering July 2013-June 2017. This plan is critical for developing policies and defining actions to promote efforts that improve health for all Maine people. The SHIP enables Maine's system partners to join together to coordinate for more efficient, streamlined and integrated health improvement efforts. Maine's SHIP defines the vision for the health of the state through a collaborative process intended to harness the strengths of statewide partnerships and opportunities to improve the health status of Maine people, while addressing the weaknesses, challenges and obstacles that stand in the way of improved health.

The 2013-2017 State Health Improvement Plan has been finalized, and implementation is beginning. Implementation teams for each of the six priorities will meet over summer of 2014. Partners who were identified in the planning process will receive an invitation to join the implementation teams, but other interested parties are welcome to join at any time.

The six priorities in the 2013-2017 SHIP are:

- Immunization
- Obesity
- Substance Abuse and Mental Health
- Tobacco Use
- Educate, Inform and Empower the Public
- Mobilize Community Partnerships

The implementation teams will be asked to focus on one or more of the objectives and strategies in the plan, and may choose to work on all or part of those strategies. Team members will help develop a work plan, identify commitments that they or their organization can make towards implementation, and then meet quarterly to provide progress updates and suggest new partnerships and or revisions to the work plan.

District Health Improvement Plan (DPHIP) Priorities

Over the next two years, districts will continue to develop and implement strategies to address their DPHIP priorities. Those strategies will connect with the State Health Improvement Plan strategies whenever appropriate.

Maine CDC and Maine's hospitals and health systems are currently engaged in detailed planning to merge and align the next round of assessment and planning processes across the hospital sector and the governmental public health sector. Both have obligations for planning and community input that must be met, but a great deal of work has gone into developing a joint process to collect and analyze health assessment data for both the state and district level, as well as to engage stakeholders in selection of priorities and strategies. That joint/aligned process (known as the "Shared Community Health Needs Assessment Planning Process") will begin with the next round of required assessments and plans due in 2015-16. The Statewide Coordinating Council for Public Health is one forum where progress on the development of this shared process will be reported and monitored.

IV. Contact Information

For more information on the District Public Health Improvement Plans or the State Health Improvement Plan, please contact:

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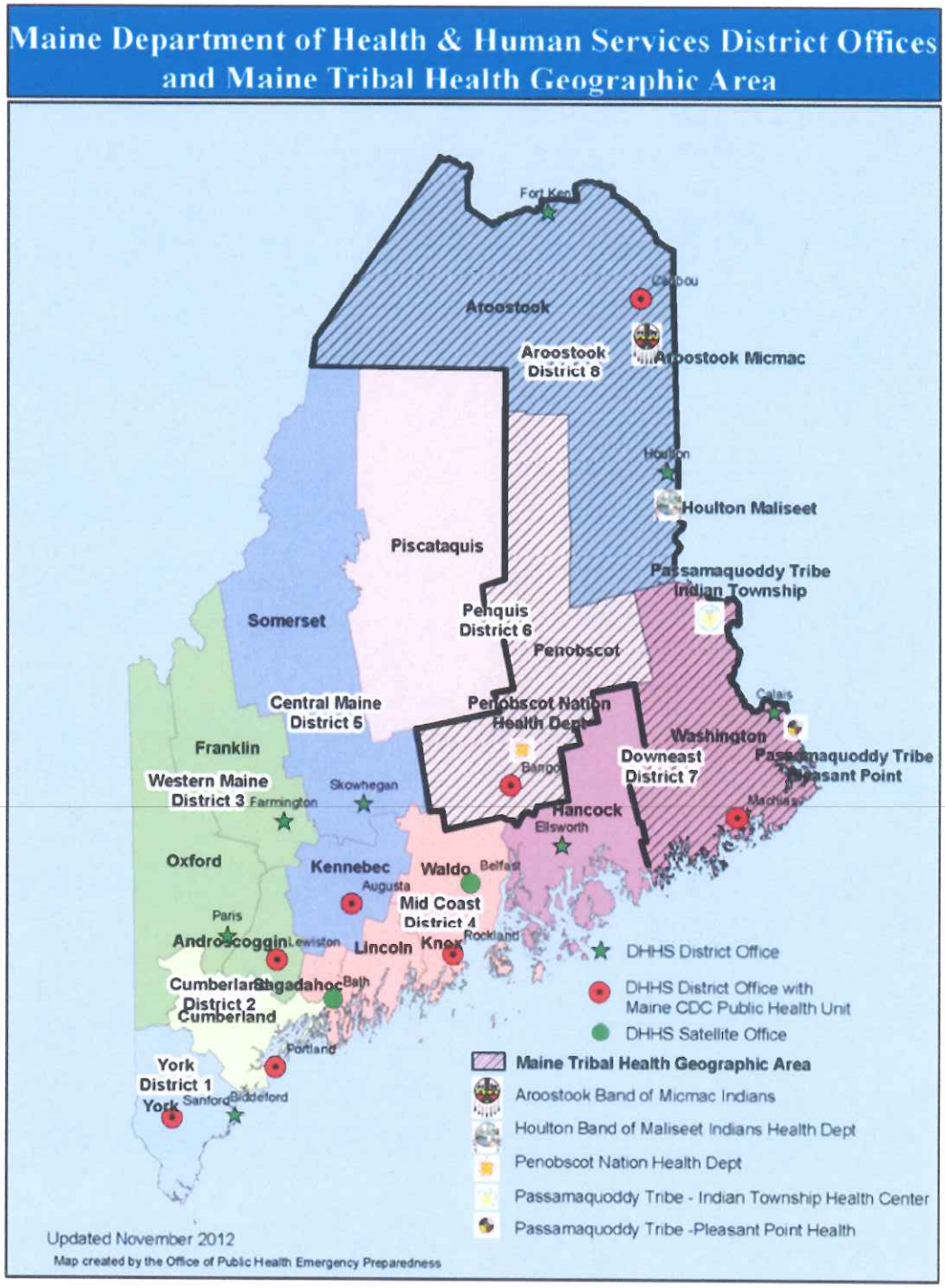
APPENDICES

LINKS TO PREVIOUS LEGISLATIVE REPORTS:

June 2012:
http://www.maine.gov/dhhs/mecdc/documents/DPHIP-ReportCard-June12.pdf

June 2013:
http://www.maine.gov/dhhs/reports/2013Annual-Health-Report-Card-6-13.pdf

Link to State Health Assessment Data, including specific District data profiles:
http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml

Link to State Health Improvement Plan 2013 – 2017:
http://www.maine.gov/dhhs/mecdc/ship/index.shtml

MAINE'S PUBLIC HEALTH DISTRICTS