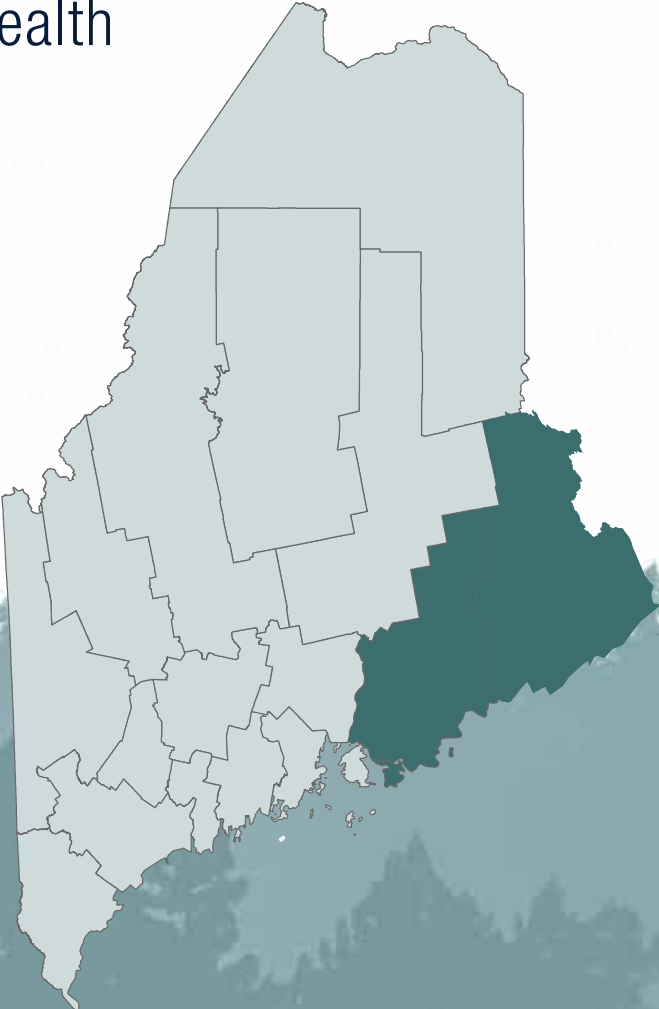


DOWNEAST DISTRICT HEALTH PROFILE 2018

Maine Shared Community Health
Needs Assessment



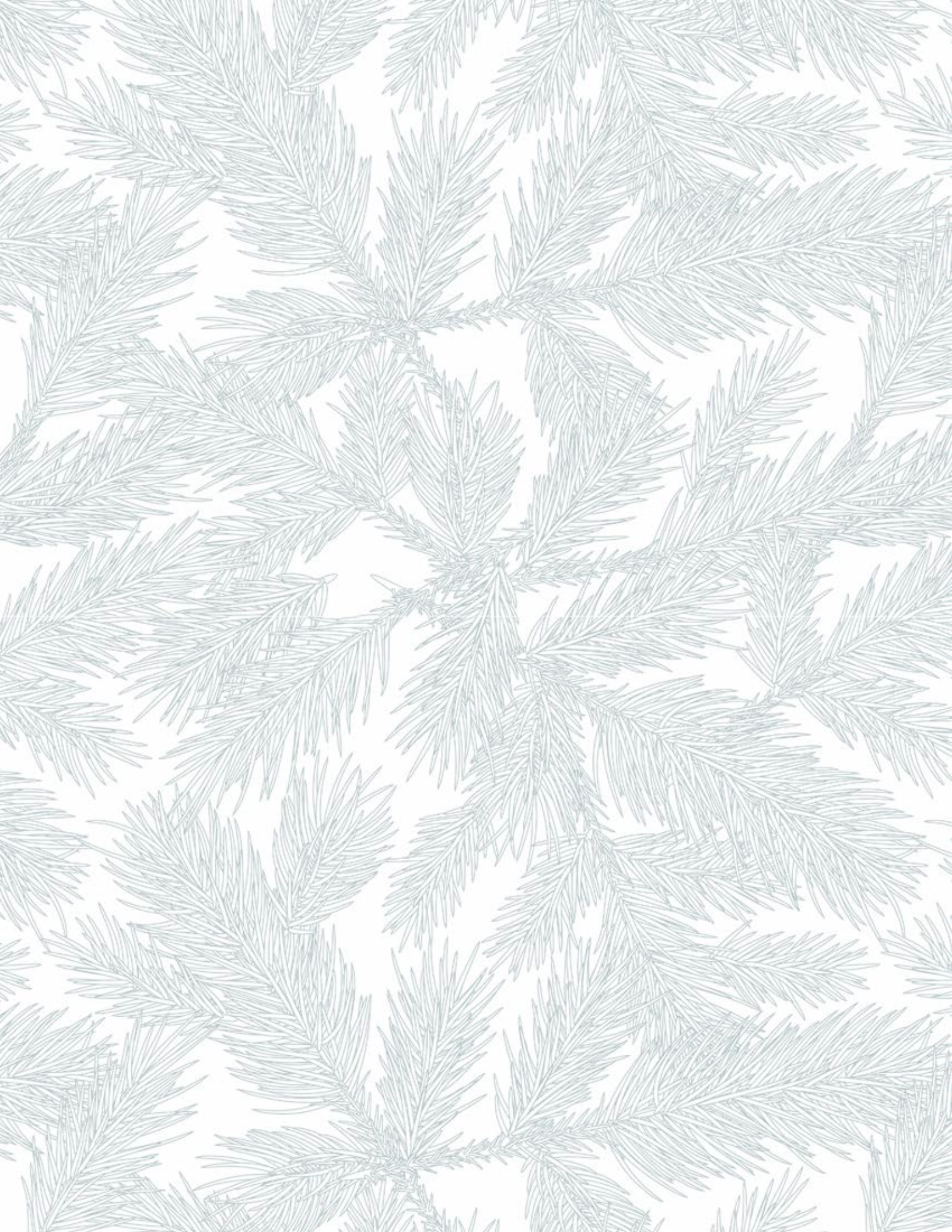


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INTRODUCTION

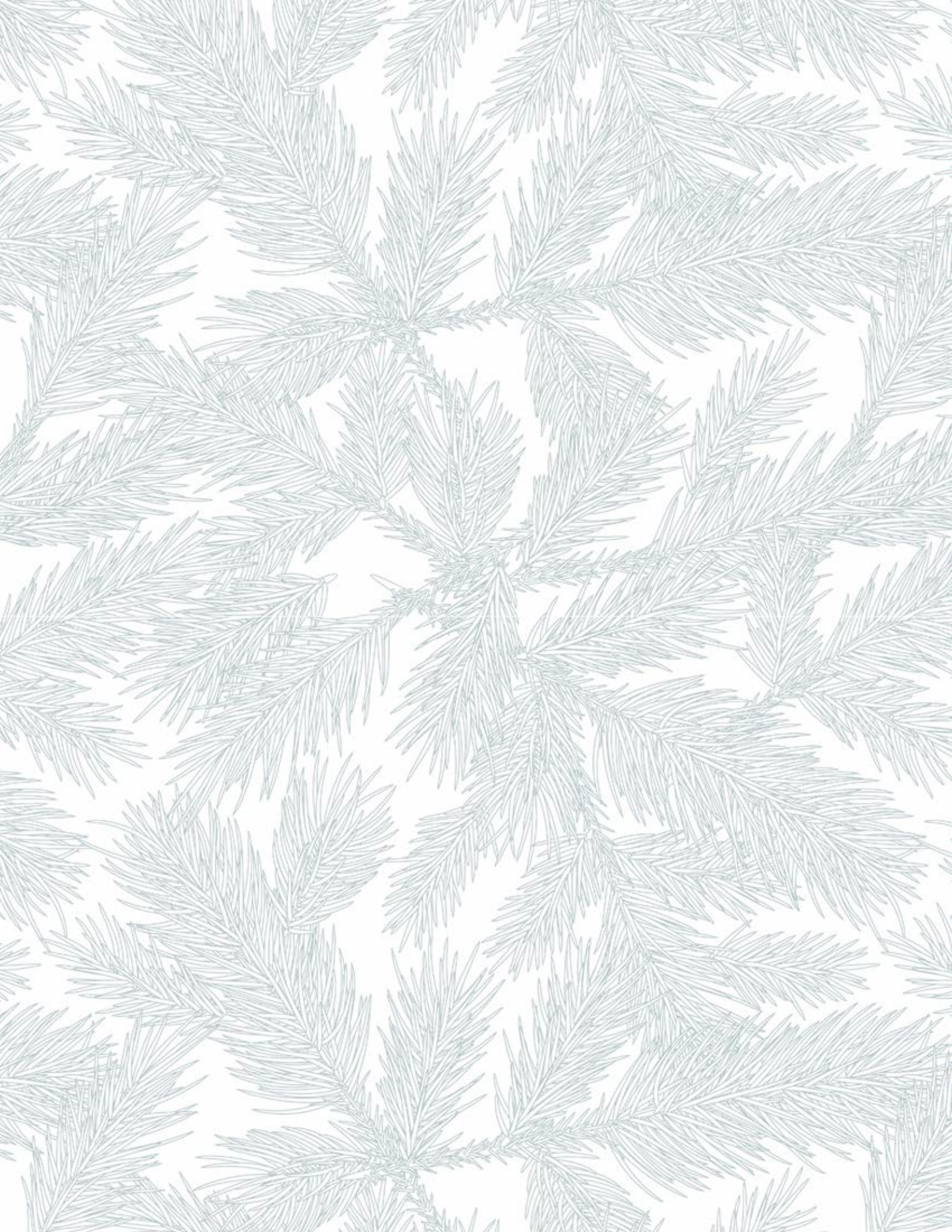
The Maine Shared Community Health Needs Assessment (CHNA) is a partnership with the vision to turn health data into actions to improve the health of all Maine people. This is the third Maine Shared CHNA and the second conducted on a triennial basis.

The mission of the Maine Shared CHNA is to:

- Create Shared CHNA Reports,
- Engage and activate communities, and
- Support data-driven health improvements for Maine people.

These reports, as well as additional information and data, can be found at the Maine Center for Disease Control and Prevention (Maine CDC) webpage for the Maine Shared CHNA (www.mainechna.org).

The Downeast Public Health District is made up of Hancock and Washington Counties.



HOW TO READ THIS DOCUMENT

This document provides almost 200 health data indicators that describe demographics, health outcomes, behaviors, and the conditions that influence our health. The following list describes the sections of this document in the order in which they appear.

- **Demographic Maps** look at who makes up our communities. These maps show age, educational attainment, and poverty. They are meant to help frame our understanding of each county and the state.
- **Past Maine Statewide Priorities** provide an overview of the top six priorities identified across the state as a result of the 2016 Maine Shared CHNA process. Although the data in this section is state-level data, the indicator tables provide county-level data and the key indicator tables also provide district-level data.
- **Key Indicators** provide an overview of the health of each district, the counties within the district, and the state. These show a broad sample of health topics, including health behaviors, outcomes, and conditions. The tables use symbols to show whether the district and county data is significantly better or worse than the state.
- **All Indicators** provide data for each county within the district and the state. The tables use symbols to show whether the county data is significantly better or worse than the state. District data is not presented in these tables due to limited resources for these analyses.

The data come from over 30 sources and represent the most recent data available as of March 2018. Data from several years is often combined to ensure there is enough data to draw conclusions. All comparisons are based on 95% confidence intervals. A 95% confidence interval is a way to say that if this indicator were measured over and over for the same population, we are 95% confident that the true value among the total population falls within the given range/interval. When the confidence intervals of two measurements do not overlap, the difference between them is statistically significant. Where confidence intervals were not available, no indication of significant difference has been made.

The tables use symbols to show if county data (and, for the key indicators, district data) is notably better or worse than the state. See the box below for a key to the symbols:

BENCHMARK, as indicated by the +/- in the table, compares district and county data to state data, based on 95% confidence interval (see description above).

★ means the district or county is doing **significantly better** than the state.

! means the district or county is doing **significantly worse** than the state.

○ means there is no statistically significant difference between the district or county and the state.

N/A means there is not enough data to make a comparison.

ADDITIONAL SYMBOLS

* means results may be statistically unreliable due to small numbers, use caution when interpreting.

— means data is unavailable because of lack of data or suppressed data due to a small number of respondents.

Data in this report are presented as both rates and percentages.

- For data that is presented as a percentage, the “%” symbol appears with the data point. The most common conditions and behaviors are presented as percentages.
- When the health condition, behavior, or outcome is less common, the numbers are presented as rates per 1,000, 10,000, or 100,000 people. For indicators that are a rate, look below the indicator name to see the rate denominator (per 1,000 or per 10,000, etc.). The less common the health condition, behavior, or outcome is, the larger the denominator.

DEMOGRAPHICS

The graphs and charts—as well as the maps on the following pages—show information about the make-up of Maine’s counties. The differences in age, education, and poverty affect a wide range of health risks and outcomes.

DOWNEAST DISTRICT
POPULATION

86,408

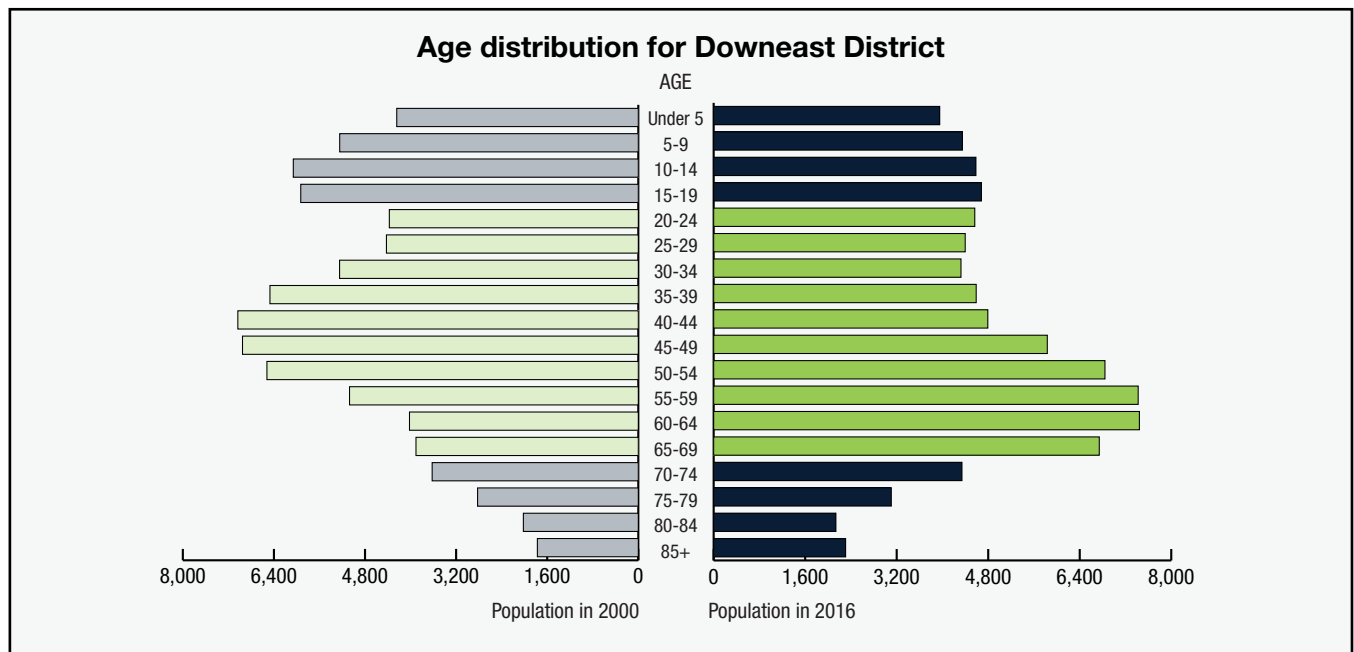
STATE OF MAINE
POPULATION

1,329,923

	DOWNEAST DISTRICT	
	PERCENT	NUMBER
American Indian/Alaskan Native	1.9%	1,649
Asian	0.8%	672
Black/African American	0.5%	457
Hispanic	1.5%	1,292
Some other race	0.2%	191
Two or more races	2.1%	1,781
White	94.5%	81,629

	HANCOCK	WASHINGTON	MAINE
Median household income	\$50,037	\$39,469	\$50,826
Unemployment rate	4.7%	6.0%	3.8%
Individuals living in poverty	12.1%	18.0%	13.5%
Children living in poverty	15.5%	22.1%	17.2%
65+ living alone	46.2%	—	45.3%

The chart below shows the shift in the age of the population for the district. As Maine’s population grows older, there is an impact on things such as increases in healthcare costs, decreases in number of caregivers, and a shortage in the supply of employees in the workforce, to name a few.



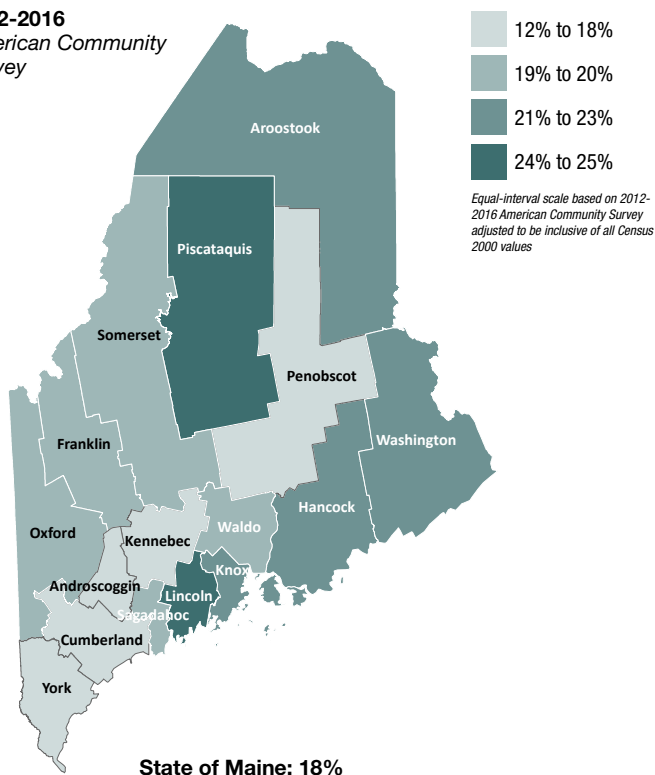
All data on this page is from the U.S. Census Bureau, American Community Survey 2012-2016, with the exception of the unemployment rate, for which the source is the U.S. Bureau of Labor Statistics, 2015-2017.

Percent of population over age 65

2000
U.S. Census



2012-2016
American Community Survey

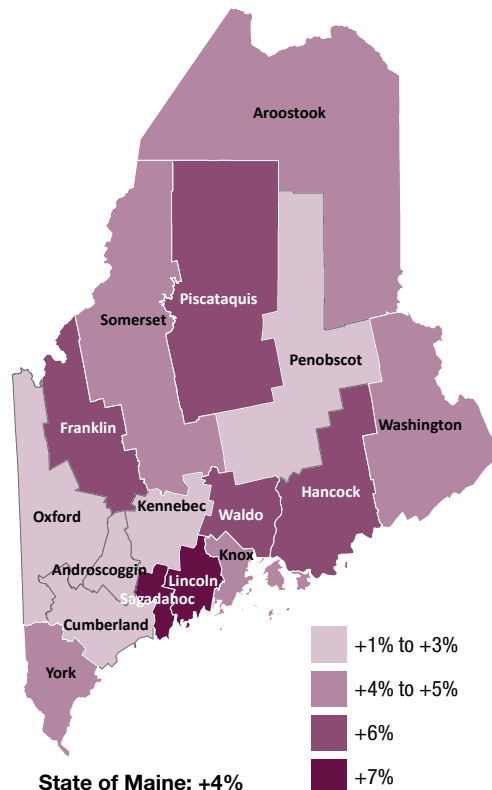


The maps on this page reflect a further breakdown in the population for those over age 65. The two maps at the top of this page show the percentage of population over age 65 by county during two time periods. The map on the top left shows the population over age 65 in 2000 as measured by the U.S. Census. The map on the top right shows the population over age 65 from years 2012 through 2016 as estimated by the American Community Survey.

The darker the shade on the maps, the greater the percentage of those over age 65. Lincoln County has the largest proportion of people over age 65 in 2000 and 2016.

The map to the right shows the change in percent of population over age 65 by county. The darker shades on the map indicate a greater increase. Lincoln and Sagadahoc are the two counties with the greatest increase in the percentage of those over age 65.

Change in percent of population over age 65 2000-2016



Percent of population in poverty

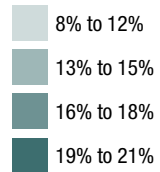
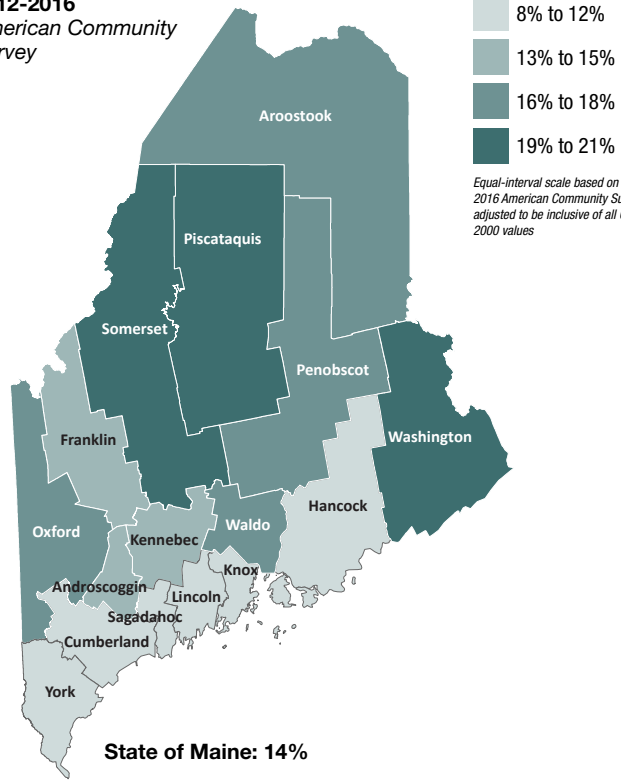
2000

U.S. Census



2012-2016

American Community Survey



Equal-interval scale based on 2012-2016 American Community Survey adjusted to be inclusive of all Census 2000 values

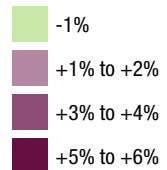
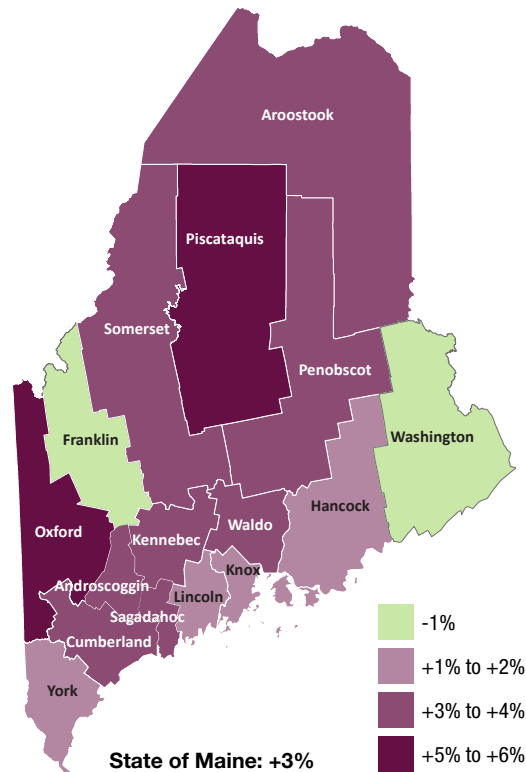
The two maps at the top of this page show the percentage of population in poverty by county during two time periods. The map on the top left shows the population in poverty in 2000 as measured by the U.S. Census. The map on the top right shows the population in poverty from years 2012 through 2016 as estimated by the American Community Survey.

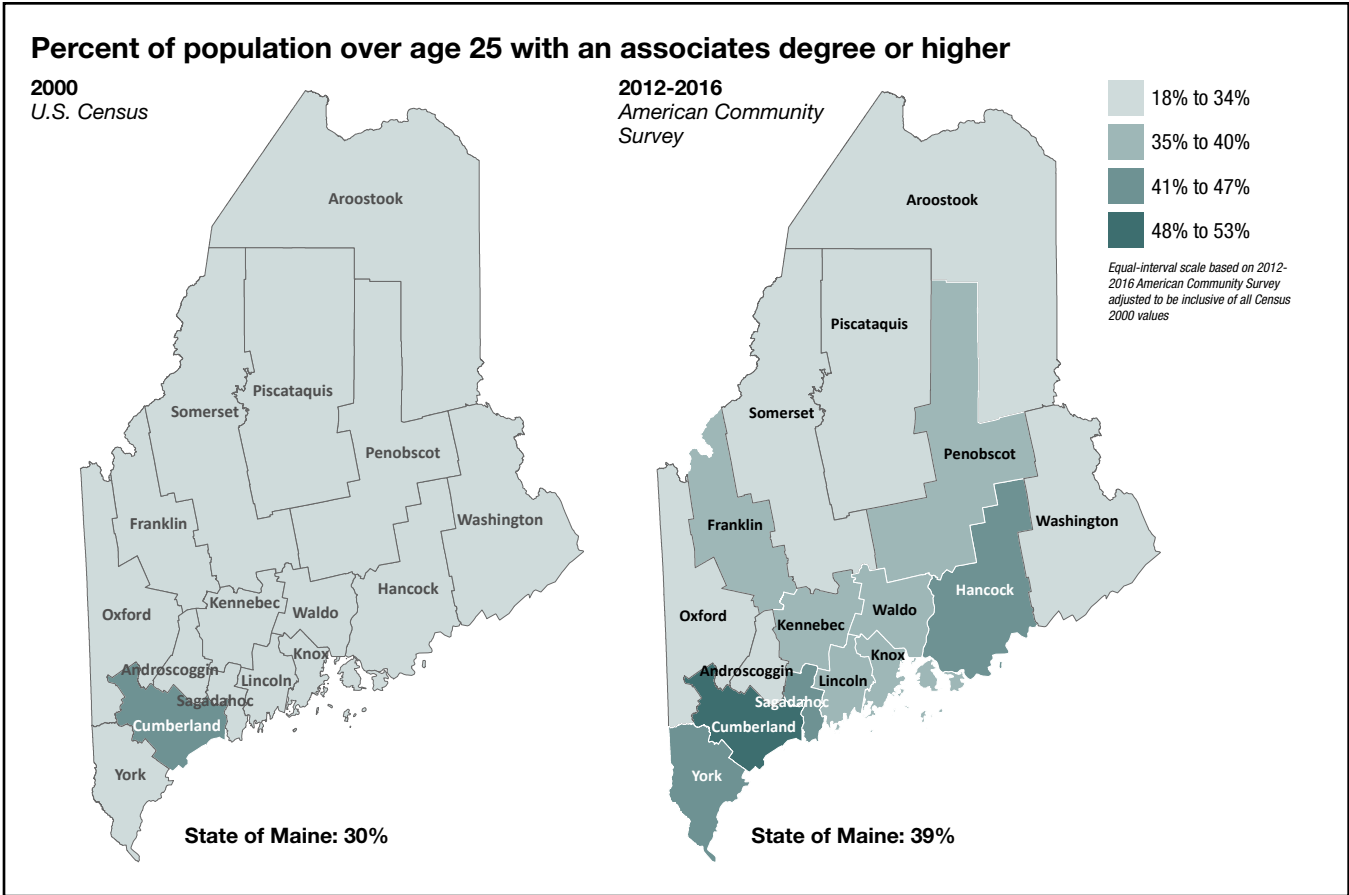
The darker the shade is on the top two maps, the greater the percentage of those in poverty. Washington County has the greatest percentage in both maps. In the 2012-2016, Washington County is joined by Somerset and Piscataquis Counties.

The map to the right shows the change in percent of population in poverty by county. The darker the shade is on the map, the larger the increase. Interestingly, while Washington County has maintained one of the highest rates of poverty, there was a slight decrease, shown in the light shade of green. Likewise, in Franklin County, while there was not enough decrease of population living in poverty to change shade used in the 2012-2016 map below, there was a 1% decrease of population in poverty, shown in the light shade of green on the map to the right. This may indicate some leveling off of those rates.

Change in percent of population in poverty

2000-2016

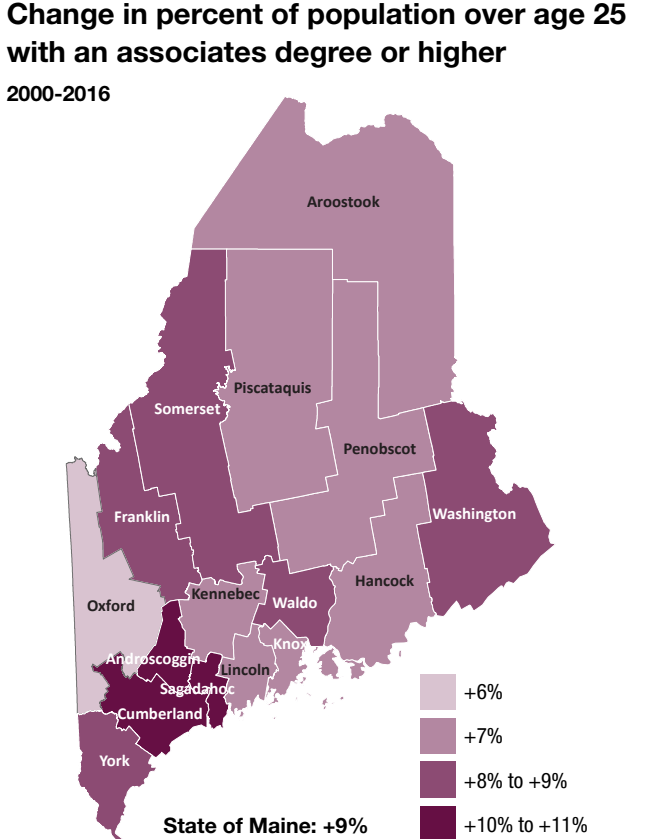




The two maps at the top of this page show the percentage of population over age 25 with an associate's degree or higher by county during two time periods. The map on the top left shows the population over age 25 with an associate's degree or higher in 2000 as measured by the U.S. Census. The map on the top right shows the population over age 25 with an associate's degree or higher from years 2012 through 2016 as estimated by the American Community Survey.

The darker the shade on the map, the larger the percentage of those with an associate's degree or higher. Cumberland County has the largest percentage of those in both maps.

The map to the right shows the change in percent of population over age 25 with an associate's degree or higher by county. The darker the shade, the larger the increase of those over age 25 with an associate's degree or higher. Cumberland, Androscoggin, and Sagadahoc counties show the largest increases of population over age 25 with an associate's degree or higher.



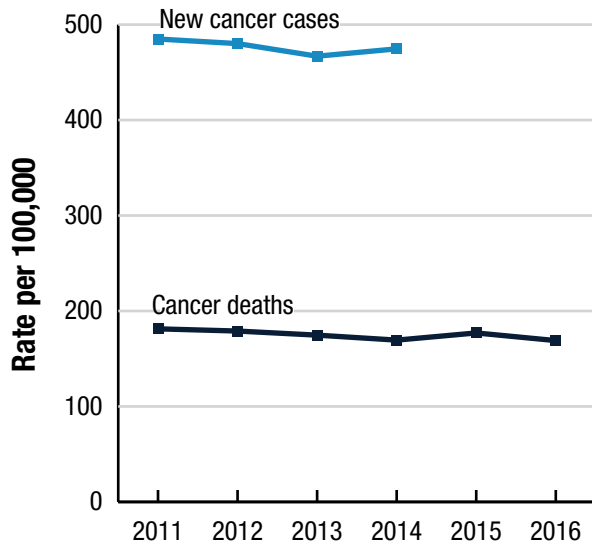
PAST MAINE STATEWIDE PRIORITIES

The following six topics have been priorities in Maine since 2016. They were addressed in one or more of the following planning documents based on the 2016 Maine Shared CHNA: the State Health Improvement Plan, District Public Health Improvement Plans, and/or Hospital Implementation Strategies.

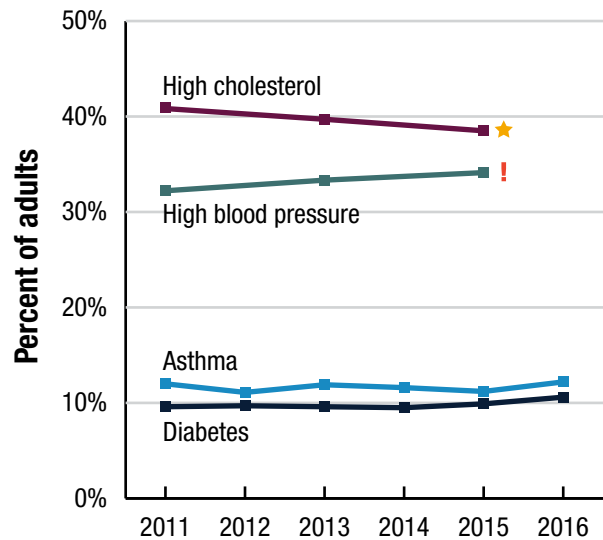
1. Cancer
2. Chronic disease
3. Mental health
4. Obesity and physical activity
5. Nutrition
6. Substance use, including tobacco

The following charts show trends in the data for these areas.

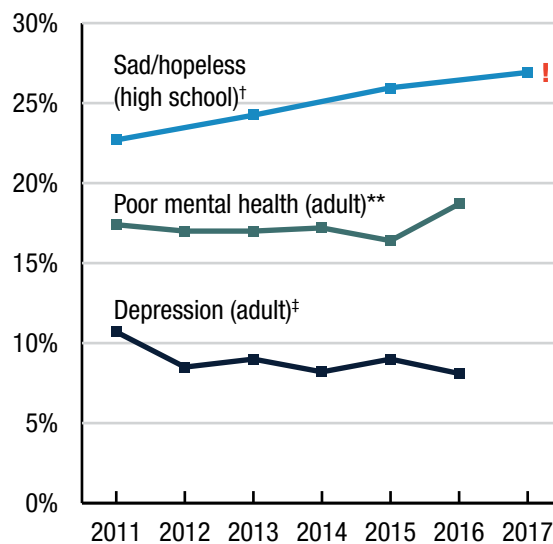
CANCER



CHRONIC DISEASE



MENTAL HEALTH



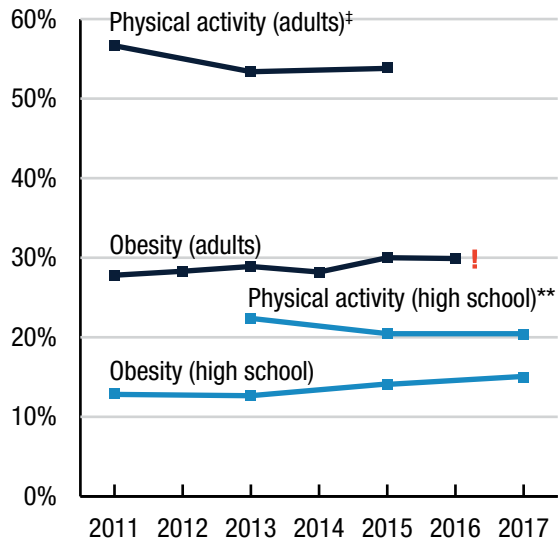
*Sad/hopeless for two weeks in a row (high school)

**14+ days lost due to poor mental health (adult)

‡ Current symptoms of depression (adult)

OBESITY AND PHYSICAL ACTIVITY

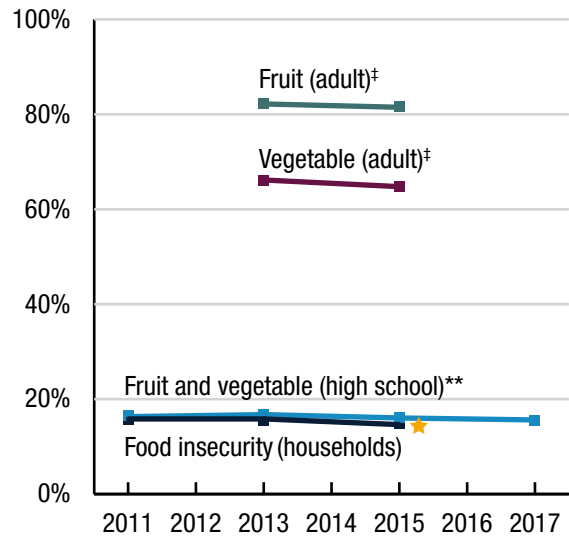
Physical activity and obesity levels for adults and high school students



‡Met aerobic physical activity recommendations (adults)
 ** Physical activity for at least 60 minutes per day on seven of the past seven days (high school)

NUTRITION

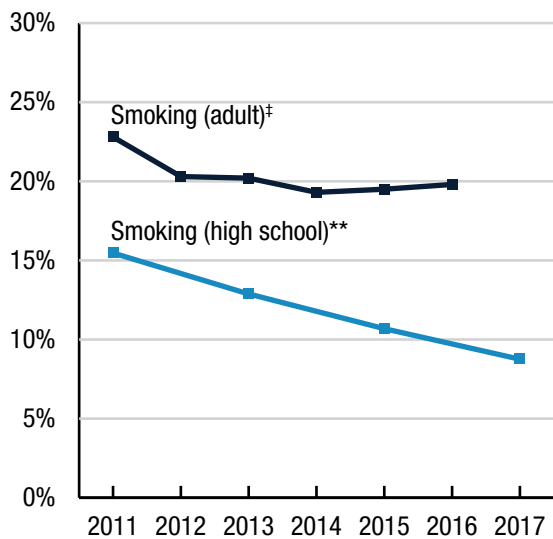
Nutrition indicators for adults, high school students, and households



‡Adults reporting more than one serving of fruits/vegetables per day
 ** High school students reporting five or more servings of fruits and vegetables a day

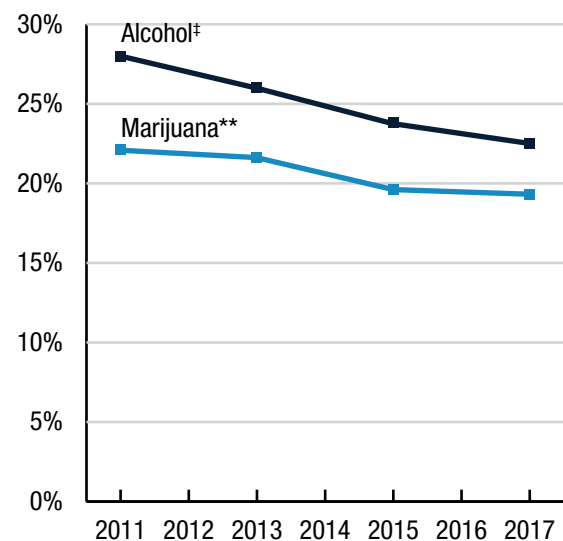
SUBSTANCE USE, INCLUDING TOBACCO

Current cigarette smoking



‡ Adults who report cigarette smoking every day or some days
 **High school students who report past 30 day cigarette smoking

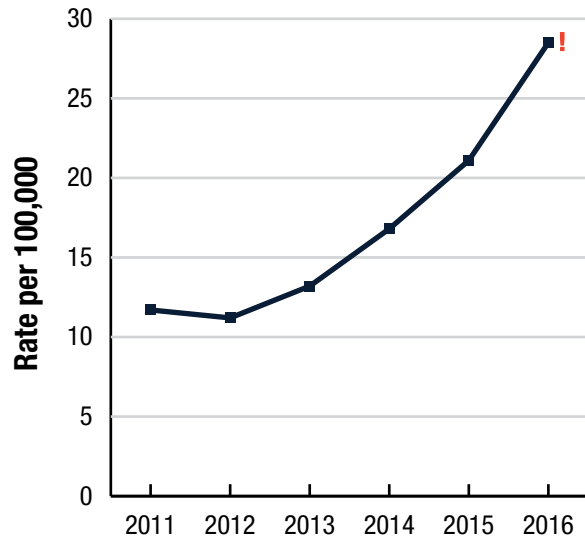
High school alcohol and marijuana use



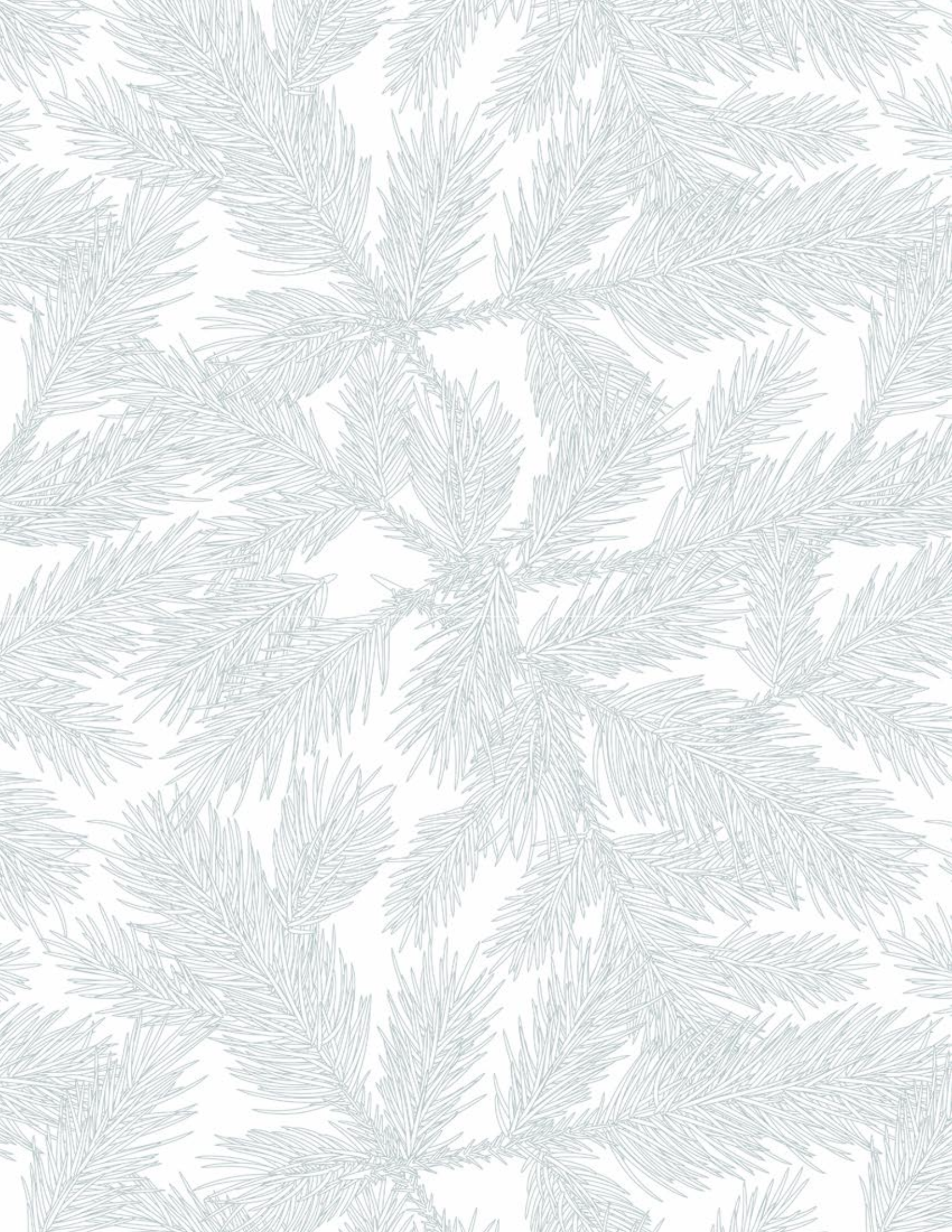
‡ High school students who report past 30 day alcohol use
 **High school students who report past 30 day marijuana use

SUBSTANCE USE, INCLUDING TOBACCO

Overdose deaths



YEAR	NUMBER OF DEATHS
2011	155
2012	146
2013	174
2014	216
2015	268
2016	351



KEY INDICATORS

The Key Indicators provide an overview of the health of the district and of each county within the district. They are a broad sampling of health topics, including health behaviors, outcomes, living conditions, and health care quality and access.

The tables use symbols to show if the data for each district or each county within the district is notably better or worse than the state.

BENCHMARK, as indicated by the +/- in the table, compares district and county data to state data, based on 95% confidence interval (see description on page 3).

- ★ means the district or county is doing **significantly better** than the state.
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ADDITIONAL SYMBOLS

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- means data is unavailable because of lack of data or suppressed data due to a small number of respondents.

INDICATOR	BENCHMARK		DOWNEAST DISTRICT				
	MAINE	DISTRICT	+/-	HANCOCK	+/-	WASHINGTON	+/-
SOCIAL, COMMUNITY & PHYSICAL ENVIRONMENT							
Children living in poverty	2012-2016 17.2%	2012-2016 18.0%	N/A	2012-2016 15.5%	N/A	2012-2016 22.1%	N/A
Median household income	2012-2016 \$50,826	—	N/A	2012-2016 \$50,037	N/A	2012-2016 \$39,469	N/A
Estimated high school student graduation rate	2017 86.9%	2017 88.1%	N/A	2017 88.3%	N/A	2017 87.7%	N/A
Food insecurity	2014-2015 15.1%	—	N/A	2014-2015 15.3%	N/A	2014-2015 16.9%	N/A
HEALTH OUTCOMES							
14 or more days lost due to poor physical health	2014-2016 19.6%	2014-2016 18.5%	○	2014-2016 16.9%	○	2014-2016 22.8%	○
14 or more days lost due to poor mental health	2014-2016 16.7%	2014-2016 14.8%	○	2014-2016 12.2%	○	2014-2016 20.1%	○
Years of potential life lost per 100,000 population	2014-2016 6,529.2	—	○	2014-2016 6,912.1	○	2014-2016 9,152.7	!
All cancer deaths per 100,000 population	2012-2016 173.8	2012-2016 177.5	○	2012-2016 160.2	○	2012-2016 207.3	!
Cardiovascular disease deaths per 100,000 population	2012-2016 195.8	2012-2016 203.0	○	2012-2016 191.3	○	2012-2016 222.3	!
Diabetes	2014-2016 10.0%	2014-2016 9.7%	○	2014-2016 7.8%	★	2014-2016 12.8%	!
Chronic obstructive pulmonary disease (COPD)	2014-2016 7.8%	2014-2016 7.1%	○	2014-2016 5.5%	★	2014-2016 9.7%	○
Obesity (adults)	2016 29.9%	2016 29.2%	○	2016 25.8%	○	2016 35.4%	○
Obesity (high school students)	2017 15.0%	2017 15.6%	○	2017 13.5%	○	2017 20.4%	○
Obesity (middle school students)	2017 15.3%	2017 15.3%	○	2017 12.0%	○	2017 24.1%	!
Infant deaths per 1,000 live births	2012-2016 6.5	2012-2016 6.0	○	2012-2016 6.0*	○	2012-2016 5.3*	○
Cognitive decline	2016 10.3%	2016 11.5%	○	2016 8.9*%	○	2016 15.5*%	○
Lyme disease new cases per 100,000 population	2013-2017 96.5	2013-2017 153.8	N/A	2013-2017 213.8	N/A	2013-2017 50.4	N/A

	BENCHMARK		DOWNEAST DISTRICT				
INDICATOR	MAINE	DISTRICT	+/-	HANCOCK	+/-	WASHINGTON	+/-
HEALTH OUTCOMES (CONTINUED)							
Chlamydia new cases per 100,000 population	2013-2017 293.4	2013-2017 192.7	N/A	2013-2017 173.6	N/A	2013-2017 225.6	N/A
Fall-related injury (unintentional) emergency department rate per 10,000 population	2012-2014 340.9	2012-2014 364.8	!	2012-2014 314.9	★	2012-2014 449.8	!
Suicide deaths per 100,000 population	2012-2016 15.9	2012-2016 18.0	○	2012-2016 16.9	○	2012-2016 20.0	○
Overdose deaths per 100,000 population	2012-2016 18.1	2012-2016 25.0	!	2012-2016 19.1	○	2012-2016 35.4	!
HEALTH CARE ACCESS AND QUALITY							
Uninsured	2012-2016 9.5%	2012-2016 12.8%	N/A	2012-2016 12.9%	N/A	2012-2016 12.7%	N/A
Ratio of primary care physicians to 100,000 population	2017 67.3	2017 52.6	N/A	2017 64.5	N/A	2017 30.0	N/A
Ratio of psychiatrists to 100,000 population	2017 8.4	2017 3.7	N/A	2017 5.0	N/A	2017 1.5	N/A
Ratio of practicing dentists to 100,000 population	2017 32.1	2017 27.6	N/A	2017 26.1	N/A	2017 30.0	N/A
Ambulatory care-sensitive condition hospitalizations per 10,000 population	2016 74.6	2016 96.6	N/A	2016 82.8	N/A	2016 119.9	N/A
Two-year-olds up-to-date with recommended immunizations	2017 73.7%	2017 77.5%	N/A	2017 72.0%	N/A	2017 87.2%	N/A
HEALTH BEHAVIORS							
Sedentary lifestyle – no leisure-time physical activity in past month (adults)	2016 20.6%	2016 18.0%	○	2016 14.0%	★	2016 25.3%	○
Chronic heavy drinking (adults)	2014-2016 7.6%	2014-2016 8.9%	○	2014-2016 9.9%	○	2014-2016 7.3%	○
Past-30-day alcohol use (high school students)	2017 22.5%	2017 24.3%	○	2017 24.9%	○	2017 23.4%	○
Past-30-day alcohol use (middle school students)	2017 3.7%	2017 3.4%	○	2017 3.8%	○	2017 2.5%	○
Past-30-day marijuana use (high school students)	2017 19.3%	2017 18.8%	○	2017 18.6%	○	2017 19.8%	○
Past-30-day marijuana use (middle school students)	2017 3.6%	2017 3.0%	○	2017 2.2%	○	2017 4.9%	○

INDICATOR	BENCHMARK		DOWNEAST DISTRICT				
	MAINE	DISTRICT	+/-	HANCOCK	+/-	WASHINGTON	+/-
HEALTH BEHAVIORS (CONTINUED)							
Past-30-day misuse of prescription drugs (high school students)	2017 5.9%	2017 4.2%	★	2017 3.7%	★	2017 5.0%	○
Past-30-day misuse of prescription drugs (middle school students)	2017 1.5%	2017 1.1%	○	2017 0.9%	○	2017 1.6%	○
Current (every day or some days) smoking (adults)	2016 19.8%	2016 22.1%	○	2016 21.3%	○	2016 23.6%	○
Past-30-day cigarette smoking (high school students)	2017 8.8%	2017 8.8%	○	2017 7.0%	○	2017 12.3%	!
Past-30-day cigarette smoking (middle school students)	2017 1.9%	2017 1.7%	○	2017 1.3%	○	2017 2.5%	○

ALL INDICATORS

The following is the complete list of health data indicators. The indicators in these tables are the measures that give us evidence about the health of our population.

Visit the Maine Shared CHNA website, www.mainechna.org, for more information on the health of the population by gender, race, ethnicity, completed education, sexual orientation, or insurance status. The website includes an interactive tool to explore additional data with customized maps and additional data tables.

The tables use symbols to show if local data is notably better or worse than the state. See the box below for a key to the symbols:

BENCHMARK, as indicated by the +/- in the table, compares county data to state data, based on 95% confidence interval (see description on page 3).

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Health Care Quality	19	Unintentional Injury	26
Cancer	20	Intentional Injury	27
Cardiovascular Disease	21	Mental Health	27
Diabetes	21	Oral Health	28
Respiratory	22	Substance and Alcohol Use	28
Physical Activity, Nutrition, and Weight	22	Tobacco Use	30
Pregnancy and Birth Outcomes	24		

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
DEMOGRAPHICS					
Population	2012-2016 1,329,923	2012-2016 54,483	N/A	2012-2016 31,925	N/A
Veterans	2012-2016 10.7%	2012-2016 11.6%	N/A	2012-2016 12.5%	N/A
Persons with a disability	2012-2016 15.9%	2012-2016 15.4%	N/A	2012-2016 20.9%	N/A
Gay, lesbian, and bisexual (high school students)	2017 10.8%	2017 10.6%	N/A	2017 11.2%	N/A
Gay, lesbian, and bisexual (adults)	2011-2015 3.4%	2011-2015 3.0%	N/A	2011-2015 2.7*%	N/A
SOCIAL DETERMINANTS OF HEALTH					
Children living in poverty	2012-2016 17.2%	2012-2016 15.5%	N/A	2012-2016 22.1%	N/A
Individuals living in poverty	2012-2016 13.5%	2012-2016 12.1%	N/A	2012-2016 18.0%	N/A
Median household income	2012-2016 \$50,826	2012-2016 \$50,037	N/A	2012-2016 \$39,469	N/A
People living in rural areas	2010 61.3%	2010 90.1%	N/A	2010 92.4%	N/A
No vehicle for the household	2012-2016 2.4%	2012-2016 2.8%	N/A	2012-2016 3.4%	N/A
Long commute – driving alone	2014-2016 31.0%	2014-2016 32.1%	N/A	2014-2016 26.1%	N/A
Unemployment rate	2015-2017 3.8%	2015-2017 4.7%	N/A	2015-2017 6.0%	N/A
Adverse childhood experiences	2017 23.4%	2017 20.7%	○	2017 30.6%	○
Estimated high school student graduation rate	2017 86.9%	2017 88.3%	N/A	2017 87.7%	N/A
Associate's degree or higher among those age 25+	2012-2016 37.3%	2012-2016 40.9%	N/A	2012-2016 29.1%	N/A
Housing insecure (high school students)	2017 3.6%	2017 3.9%	○	2017 4.9%	○
65+ living alone	2012-2016 45.3%	2012-2016 46.2%	N/A	—	N/A

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
GENERAL HEALTH STATUS					
14 or more days lost due to poor physical health	2014-2016 19.6%	2014-2016 16.9%	○	2014-2016 22.8%	○
14 or more days lost due to poor mental health	2014-2016 16.7%	2014-2016 12.2%	○	2014-2016 20.1%	○
Fair or poor health (self-rated)	2014-2016 15.9%	2014-2016 13.2%	○	2014-2016 19.6%	!
Three or more chronic conditions	2014-2016 15.8%	2014-2016 11.9%	★	2014-2016 20.2%	!
MORTALITY					
Overall death rate per 100,000 population	2012-2016 753.1	2012-2016 708.0	★	2012-2016 889.8	!
Years of potential life lost per 100,000 population	2014-2016 6,529.2	2014-2016 6,912.1	○	2014-2016 9,152.7	!
ACCESS					
Uninsured	2012-2016 9.5%	2012-2016 12.9%	N/A	2012-2016 12.7%	N/A
Ratio of primary care physicians to 100,000 population	2017 67.3	2017 64.5	N/A	2017 30.0	N/A
MaineCare enrollment (all ages)	2015-2017 25.4%	2015-2017 21.8%	N/A	2015-2017 37.3%	N/A
MaineCare enrollment (children ages 0-19)	2014-2016 41.2%	2014-2016 39.4%	N/A	2014-2016 59.7%	N/A
Children with a medical home	2016 53.5%	—	N/A	—	N/A
Usual primary care provider	2014-2016 87.6%	2014-2016 86.5%	○	2014-2016 81.6%	!
Primary care visit to any primary care provider in the past year	2014-2016 71.8%	2014-2016 70.9%	○	2014-2016 65.8%	!
Cost barriers to health care	2014-2016 10.3%	2014-2016 11.2%	○	2014-2016 12.1%	○
HEALTH CARE QUALITY					
Ambulatory care-sensitive condition hospitalizations per 10,000 population	2016 74.6	2016 82.8	N/A	2016 119.9	N/A
Ambulatory care-sensitive condition emergency department rate per 10,000 population	2013-2014 502.7	2013-2014 487.7	N/A	2013-2014 983.4	N/A

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
HEALTH CARE QUALITY (CONTINUED)					
Hospital readmissions within 30 days of discharge (medical)	2014 13.7%	2013-2014 14.4%	○	2013-2014 14.6%	○
Hospital readmissions within 30 days of discharge (surgical)	2014 10.6%	2013-2014 11.9%	○	2013-2014 11.4%	○
CANCER					
All cancer deaths per 100,000 population	2012-2016 173.8	2012-2016 160.2	○	2012-2016 207.3	!
Colorectal cancer deaths per 100,000 population	2012-2016 13.1	2012-2016 15.3	○	2012-2016 19.7	!
Female breast cancer deaths per 100,000 population	2012-2016 18.4	2012-2016 14.1	○	2012-2016 16.7	○
Lung cancer deaths per 100,000 population	2012-2016 50.5	2012-2016 47.2	○	2012-2016 63.7	!
Prostate cancer deaths per 100,000 population	2012-2016 20.1	2012-2016 20.7	○	2012-2016 31.1	○
Tobacco-related cancer deaths per 100,000 population	2012-2016 50.5	2012-2016 43.8	○	2012-2016 61.9	!
All cancer new cases per 100,000 population	2012-2014 473.7	2012-2014 475.8	○	2012-2014 502.2	○
Bladder cancer new cases per 100,000 population	2012-2014 27.1	2012-2014 33.5	○	2012-2014 32.6	○
Colorectal cancer new cases per 100,000 population	2012-2014 37.4	2012-2014 41.1	○	2012-2014 48.2	○
Female breast cancer new cases per 100,000 population	2012-2014 125.0	2012-2014 122.8	○	2012-2014 110.5	○
Lung cancer new cases per 100,000 population	2012-2014 74.2	2012-2014 75.5	○	2012-2014 84.7	○
Prostate cancer new cases per 100,000 population	2012-2014 87.1	2012-2014 106.1	○	2012-2014 80.5	○
Tobacco-related cancer (excluding lung cancer) new cases per 100,000 population	2012-2014 134.1	2012-2014 129.4	○	2012-2014 161.6	!
Colorectal late-stage new cases per 100,000 population	2012-2014 19.9	2012-2014 22.7	○	2012-2014 19.9	○
Melanoma skin cancer new cases per 100,000 population	2012-2014 24.5	2012-2014 28.8	○	2012-2014 25.3	○

INDICATOR	BENCHMARK	DOWNEAST DISTRICT			
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
CANCER (CONTINUED)					
Female breast cancer late-stage new cases per 100,000 population	2012-2014 38.5	2012-2014 47.2	○	2012-2014 40.4	○
Cervical cancer screening up-to-date	2014 & 2016 83.3%	2014 & 2016 83.1%	○	2014 & 2016 72.4%	!
Breast cancer screening up-to-date	2014 & 2016 81.9%	2014 & 2016 76.1%	○	2014 & 2016 78.1%	○
Colorectal cancer screening up-to-date	2014 & 2016 74.9%	2014 & 2016 73.5%	○	2014 & 2016 66.4%	!
CARDIOVASCULAR DISEASE					
Cardiovascular disease deaths per 100,000 population	2012-2016 195.8	2012-2016 191.3	○	2012-2016 222.3	!
Coronary heart disease deaths per 100,000 population	2012-2016 84.1	2012-2016 94.4	○	2012-2016 120.8	!
Heart attack deaths per 100,000 population	2012-2016 26.0	2012-2016 36.0	!	2012-2016 59.6	!
Stroke deaths per 100,000 population	2012-2016 33.4	2012-2016 36.8	○	2012-2016 27.5	○
High blood pressure hospitalizations per 10,000 population	2016 5.2	2016 4.1	N/A	2016 3.5	N/A
Heart failure hospitalizations per 10,000 population	2016 19.8	2016 19.1	○	2016 25.2	!
Heart attack hospitalizations per 10,000 population	2016 23.4	2016 31.3	!	2016 46.3	!
Stroke hospitalizations per 10,000 population	2016 21.4	2016 21.8	○	2016 26.9	○
High cholesterol	2013 & 2015 39.1%	2013 & 2015 37.8%	○	2013 & 2015 43.6%	○
Cholesterol checked in past five years	2013 & 2015 81.0%	2013 & 2015 78.2%	○	2013 & 2015 77.1%	○
High blood pressure	2013 & 2015 33.7%	2013 & 2015 37.4%	○	2013 & 2015 39.7%	○
DIABETES					
Diabetes	2014-2016 10.0%	2014-2016 7.8%	★	2014-2016 12.8%	!

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
DIABETES (CONTINUED)					
Pre-diabetes	2014-2016 8.0%	2014-2016 8.3%	○	2014-2016 7.9%	○
Diabetes deaths (underlying cause) per 100,000 population	2012-2016 22.0	2012-2016 19.4	○	2012-2016 27.1	○
Diabetes emergency department rate (principal diagnosis) per 10,000 population	2013-2014 16.3	2013-2014 33.9	N/A	2013-2014 59.5	N/A
Diabetes hospitalizations (principal diagnosis) per 10,000 population	2016 11.9	2016 13.7	○	2016 12.4	○
A1c test at least twice/year (adults with diabetes)	2011-2016 77.5%	—	N/A	2011-2016 81.1%	○
Formal diabetes education (adults with diabetes)	2011-2016 59.2%	—	N/A	2011-2016 38.2%	!
Foot exam annually (adults with diabetes)	2011-2016 83.8%	2011-2016 80.1%	○	2011-2016 77.0%	○
Dilated eye exam annually (adults with diabetes)	2011-2016 70.8%	2011-2016 72.4%	○	2011-2016 69.3%	○
RESPIRATORY					
Current asthma (youth ages 0-17)	2014-2016 9.0%	2014-2016 6.1%	○	2014-2016 6.4*%	○
Current asthma (adults)	2014-2016 11.7%	2014-2016 9.9%	○	2014-2016 11.6%	○
Chronic lower respiratory disease deaths per 100,000 population	2012-2016 48.1	2012-2016 40.5	○	2012-2016 61.4	!
Asthma emergency department rate per 10,000 population	2012-2014 57.8	2012-2014 51.1	★	2012-2014 87.0	!
Pneumonia hospitalizations per 10,000 population	2016 22.4	2016 29.1	N/A	2016 55.2	N/A
Chronic obstructive pulmonary disease hospitalizations per 10,000 population	2016 16.5	2016 18.6	N/A	2016 31.0	N/A
Chronic obstructive pulmonary disease (COPD)	2014-2016 7.8%	2014-2016 5.5%	★	2014-2016 9.7%	○
PHYSICAL ACTIVITY, NUTRITION, AND WEIGHT					
Obesity (adults)	2016 29.9%	2016 25.8%	○	2016 35.4%	○
Obesity (high school students)	2017 15.0%	2017 13.5%	○	2017 20.4%	○

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
PHYSICAL ACTIVITY, NUTRITION, AND WEIGHT (CONTINUED)					
Obesity (middle school students)	2017 15.3%	2017 12.0%	○	2017 24.1%	!
Sedentary lifestyle – no leisure-time physical activity in past month (adults)	2016 20.6%	2016 14.0%	★	2016 25.3%	○
Food insecurity	2014-2015 15.1%	2014-2015 15.3%	N/A	2014-2015 16.9%	N/A
Overweight (adults)	2016 35.3%	2015 38.3%	○	2016 32.5%	○
Overweight (high school students)	2017 17.5%	2017 16.1%	○	2017 19.4%	○
Overweight (middle school students)	2017 17.0%	2017 20.2%	○	2017 17.8%	○
Met aerobic physical activity recommendations (adults)	2015 53.9%	2015 57.3%	○	2015 51.6%	○
Met physical activity recommendations (high school students)	2017 20.3%	2017 20.2%	○	2017 20.3%	○
Met physical activity recommendations (middle school students)	2017 25.7%	2017 25.3%	○	2017 27.7%	○
Fewer than two hours combined screen time (high school students)	2017 33.5%	2017 35.3%	○	2017 29.5%	○
Fewer than two hours combined screen time (middle school students)	2017 29.3%	2017 32.3%	○	2017 25.2%	○
Fruit and vegetable consumption (high school students reporting five or more a day)	2017 15.6%	2017 15.3%	○	2017 12.6%	○
Fruit and vegetable consumption (middle school students reporting five or more a day)	2017 20.6%	2017 18.7%	○	2017 14.3%	!
Fruit consumption (adults reporting less than one serving per day)	2015 35.2%	2015 33.1%	○	2015 38.0%	○
Vegetable consumption (adults reporting less than one serving per day)	2015 18.3%	2015 15.0*%	○	2015 21.9%	○
Soda/sports drink consumption (high school students reporting one or more a day)	2017 20.5%	2017 17.6%	○	2017 28.9%	!
Soda/sports drink consumption (middle school students reporting one or more a day)	2017 17.3%	2017 17.5%	○	2017 27.4%	!

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
PREGNANCY AND BIRTH OUTCOMES					
Infant deaths per 1,000 live births	2012-2016 6.5	2012-2016 6.0*	○	2012-2016 5.3*	○
Low birth weight (<2500 grams)	2012-2016 7.1%	2012-2016 6.4%	○	2012-2016 7.1%	○
Pre-term live births	2012-2016 8.2%	2012-2016 7.3%	○	2012-2016 7.4%	○
Births for which the mother received more than 80% of expected prenatal visits	2016 80.6%	2016 85.8%	○	2016 77.6%	○
Infants who are ever breast fed	2016 82.0%	2016 84.8%	○	2016 66.9%	○
Infants who are exclusively breast fed to 6 months	2014 26.5%	—	N/A	—	N/A
Unintended births	2015 25.3%	2012-2015 25.0%	○	2012-2015 28.4%	○
Births to 15-19-year-olds per 1,000 population	2016 14.5	2016 14.5*	○	2016 23.4	○
C-sections among low-risk births	2016 22.4%	2014-2016 19.1%	○	2014-2016 29.3%	!
Smoked during pregnancy	2016 14.5%	2016 15.5%	○	2016 27.7%	!
Drank alcohol during pregnancy	2015 6.0%	2009-2015 6.9%	○	2009-2015 5.5%	○
CHILDREN WITH SPECIAL HEALTH CARE NEEDS					
Children with special health care needs	2016 23.0%	—	N/A	—	N/A
Developmental screening for children	2016 31.6*%	—	N/A	—	N/A
Developmental screening for children for MaineCare members	2015-2017 24.2%	2015-2017 20.3%	N/A	2015-2017 14.5%	N/A
ELDER HEALTH					
Cognitive decline	2016 10.3%	2016 8.9*%	○	2016 15.5*%	○
Caregiving at least 20 hours per week	2015 4.4%	2015 2.2*%	○	2015 3.3*%	○
Arthritis	2014-2016 32.0%	2014-2016 31.3%	○	2014-2016 36.4%	!

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
ENVIRONMENTAL HEALTH					
Homes with private wells tested for arsenic	2015 & 2016 51.1%	2015 & 2016 53.5%	○	2015 & 2016 45.6%	○
Children with confirmed elevated blood lead levels (percentage among those screened)	2012-2016 2.2%	2012-2016 1.8%	○	2012-2016 1.1%	★
Children with unconfirmed elevated blood lead levels (percentage among those screened)	2012-2016 3.3%	2012-2016 2.4%	★	2012-2016 4.2%	○
Lead screening among children (ages 12-23 months)	2016 53.0%	2016 49.2%	○	2016 87.3%	★
Lead screening among children (ages 24-35 months)	2016 31.1%	2016 27.5%	○	2016 72.8%	★
IMMUNIZATION					
Two-year-olds up-to-date with recommended immunizations	2017 73.7%	2017 72.0%	N/A	2017 87.2%	N/A
Immunization exemptions among kindergarteners for philosophical reasons	2017 4.6%	2017 8.5%	N/A	2017 1.4%	N/A
Influenza vaccination in the past year (children)	2016-2017 61.6%	—	N/A	—	N/A
13-18-year-olds up-to-date with recommended immunizations	2017 53.7%	2017 49.2%	N/A	2017 57.0%	N/A
Influenza vaccination in the past year (adults)	2014-2016 42.3%	2014-2016 39.3%	○	2014-2016 37.2%	!
Pneumococcal pneumonia vaccination (adults age 65+)	2014-2016 74.2%	2014-2016 75.0%	○	2014-2016 69.8%	○
INFECTIOUS DISEASE					
Lyme disease new cases per 100,000 population	2013-2017 96.5	2013-2017 213.8	N/A	2013-2017 50.4	N/A
Chlamydia new cases per 100,000 population	2013-2017 293.4	2013-2017 173.6	N/A	2013-2017 225.6	N/A
Gastrointestinal disease new cases per 100,000 population	2013-2017 45.5	2013-2017 48.3	N/A	2013-2017 34.7	N/A
Hepatitis A (acute) new cases per 100,000 population	2013-2017 0.6	2013-2017 1.5	N/A	2013-2017 0.0	N/A
Hepatitis B (acute) new cases per 100,000 population	2013-2017 2.4	2013-2017 7.0	N/A	2013-2017 6.3	N/A

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
INFECTIOUS DISEASE (CONTINUED)					
Hepatitis B (chronic) new cases per 100,000 population	2013-2017 8.7	2013-2017 5.1	N/A	2013-2017 5.7	N/A
Hepatitis C (acute) new cases per 100,000 population	2013-2017 44.0	2013-2017 38.1	N/A	2013-2017 61.1	N/A
Hepatitis C (chronic) new cases per 100,000 population	2013-2017 92.8	2013-2017 77.3	N/A	2013-2017 124.8	N/A
Pertussis new cases per 100,000 population	2013-2017 27.6	2013-2017 9.9	N/A	2013-2017 26.5	N/A
Tuberculosis new cases per 100,000 population	2013-2017 1.3	2013-2017 1.1	N/A	2013-2017 0.0	N/A
Gonorrhea new cases per 100,000 population	2013-2017 28.9	2013-2017 9.9	N/A	2013-2017 12.6	N/A
HIV new cases per 100,000 population	2013-2017 3.4	2013-2017 1.8	N/A	2013-2017 1.3	N/A
Syphilis new cases per 100,000 population	2013-2017 3.3	2013-2017 2.2	N/A	2013-2017 1.3	N/A
UNINTENTIONAL INJURY					
Fall-related deaths (unintentional) per 100,000 population	2012-2016 9.6	2012-2016 6.7	○	2012-2016 11.4	○
Injury deaths per 100,000 population	2012-2016 67.9	2012-2016 74.6	○	2012-2016 105.8	!
Poisoning deaths (unintentional and undetermined intent) per 100,000 population	2012-2016 17.6	2012-2016 19.5	○	2012-2016 35.8	!
Motor vehicle traffic crash (unintentional) deaths per 100,000 population	2012-2016 10.8	2012-2016 14.8	○	2012-2016 19.6	!
Work-related deaths (number)	2016 18*	—	N/A	—	N/A
Fall-related injury (unintentional) emergency department rate per 10,000 population	2012-2014 340.9	2012-2014 314.9	★	2012-2014 449.8	!
Traumatic brain injury emergency department rate per 10,000 population	2012-2014 85.1	2012-2014 66.8	★	2012-2014 100.9	!
Always wear seatbelt (high school students)	2017 68.2%	2017 68.3%	○	2017 47.0%	!
Always wear seatbelt (middle school students)	2017 76.4%	2017 72.3%	○	2017 52.8%	!

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
INTENTIONAL INJURY					
Suicide deaths per 100,000 population	2012-2016 15.9	2012-2016 16.9	○	2012-2016 20.0	○
Rape/non-consensual sex (among females, lifetime)	2012, 2014, 2016 14.5%	2012, 2014, 2016 17.0%	○	2012, 2014, 2016 19.4%	○
Violence by current or former intimate partners in past 12 months (among females)	2011, 2012, 2014, 2016 1.5%	2011, 2012, 2014, 2016 1.0*%	○	2011, 2012, 2014, 2016 2.5*%	○
Firearm deaths per 100,000 population	2012-2016 9.5	2012-2016 12.5	○	2012-2016 15.1	○
Violent crime rate per 100,000 population	2014-2016 366.7	2014-2016 181.4	★	2014-2016 332.6	○
Nonfatal child maltreatment per 1,000 population	2016 13.5	—	N/A	—	N/A
Intentional self-injury (high school students)	2017 16.3%	2017 16.8%	○	2017 18.0%	○
Intentional self-injury (middle school students)	2017 15.6%	2017 15.5%	○	2017 11.3%	○
Bullying on school property (high school students)	2017 21.9%	2017 19.1%	○	2017 18.3%	○
Bullying on school property (middle school students)	2017 46.3%	2017 48.9%	○	2017 47.8%	○
MENTAL HEALTH					
Ratio of psychiatrists to 100,000 population	2017 8.4	2017 5.0	N/A	2017 1.5	N/A
Mental health emergency department rate per 10,000 population	2013-2014 165.9	2013-2014 234.5	N/A	2013-2014 380.5	N/A
Sad/hopeless for two weeks in a row (high school students)	2017 26.9%	2017 26.4%	○	2017 29.2%	○
Sad/hopeless for two weeks in a row (middle school students)	2017 21.6%	2017 19.4%	○	2017 19.4%	○
Seriously considered suicide (high school students)	2017 14.7%	2017 13.9%	○	2017 16.1%	○
Seriously considered suicide (middle school students)	2017 16.1%	2017 15.8%	○	2017 16.2%	○
Depression, current symptoms (adults)	2014-2016 8.4%	2014-2016 6.6%	○	2014-2016 9.7%	○

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
MENTAL HEALTH (CONTINUED)					
Depression, lifetime	2014-2016 22.8%	2014-2016 20.8%	○	2014-2016 24.6%	○
Anxiety, lifetime	2014-2016 20.7%	2014-2016 16.4%	★	2014-2016 21.3%	○
Chronic disease among persons with mental illness	2014-2016 32.0%	2014-2016 15.4*%	★	—	N/A
Currently receiving outpatient mental health treatment (adults)	2014-2016 17.6%	2014-2016 12.8%	!	2014-2016 18.0%	○
Adults with mental health disorders who receive treatment	2011-2015 53.9%	—	N/A	—	N/A
12-17-year-olds with major depressive episode who receive treatment	2011-2015 52.8%	—	N/A	—	N/A
Children with mental health disorders who receive treatment	2016 49.4%	—	N/A	—	N/A
ORAL HEALTH					
Ratio of practicing dentists to 100,000 population	2017 32.1	2017 26.1	N/A	2017 30.0	N/A
Dentist visits in the past year (adults)	2016 63.3%	2016 71.5%	★	2016 52.7%	!
Dentist visits in the past year (MaineCare members under age 18)	—	—	N/A	—	N/A
SUBSTANCE AND ALCOHOL USE					
Overdose deaths per 100,000 population	2012-2016 18.1	2012-2016 19.1	○	2012-2016 35.4	!
Chronic heavy drinking (adults)	2014-2016 7.6%	2014-2016 9.9%	○	2014-2016 7.3%	○
Past-30-day alcohol use (high school students)	2017 22.5%	2017 24.9%	○	2017 23.4%	○
Past-30-day alcohol use (middle school students)	2017 3.7%	2017 3.8%	○	2017 2.5%	○
Past-30-day marijuana use (high school students)	2017 19.3%	2017 18.6%	○	2017 19.8%	○
Past-30-day marijuana use (middle school students)	2017 3.6%	2017 2.2%	○	2017 4.9%	○

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
SUBSTANCE AND ALCOHOL USE (CONTINUED)					
Past-30-day misuse of prescription drugs (high school students)	2017 5.9%	2017 3.7%	★	2017 5.0%	○
Past-30-day misuse of prescription drugs (middle school students)	2017 1.5%	2017 0.9%	○	2017 1.6%	○
Narcotic doses dispensed per capita	2017 49.3	2017 47.3	N/A	2017 64.2	N/A
Drug-induced deaths per 100,000 population	2012-2016 18.9	2012-2016 19.7	○	2012-2016 37.3	!
Alcohol-induced deaths per 100,000 population	2012-2016 9.7	2012-2016 10.1	○	2012-2016 16.6	!
Alcohol-impaired driving deaths per 100,000 population	2015-2016 7.8	2015-2016 9.2*	○	2015-2016 15.6*	○
Overdose emergency medical service responses per 10,000 population	2016-2017 93.0	2016-2017 57.3	★	2016-2017 98.9	○
Opiate poisoning emergency department rate per 10,000 population	2013-2014 3.6	2013-2014 4.5	N/A	2013-2014 13.9	N/A
Opiate poisoning hospitalizations per 10,000 population	2016 1.4	—	N/A	—	N/A
Substance-use hospitalizations per 10,000 population	2016 18.1	2016 16.4	N/A	2016 11.7	N/A
Drug-affected infant reports per 1,000 births	2017 77.9	2017 61.5	N/A	2017 182.8	N/A
Binge drinking (high school students)	2015 12.2%	2015 12.2%	○	2015 11.6%	○
Binge drinking (middle school students)	2017 1.2%	2017 1.6%	○	—	N/A
Binge drinking (adults)	2014-2016 16.9%	2014-2016 17.1%	○	2014-2016 17.9%	○
Past-30-day marijuana use (adults)	2013-2016 10.4%	2013-2016 9.8%	○	2013-2016 6.8%	★
Past-30-day misuse of prescription drugs (adults)	2012-2016 1.0%	2012-2016 0.4%	○	2012-2016 0.7%	○
Adults who needed and did not receive treatment for illicit drug use	2015-2016 2.4%	—	N/A	—	N/A
Adults who needed and did not receive treatment for alcohol use	2015-2016 5.7%	—	N/A	—	N/A

INDICATOR	BENCHMARK		DOWNEAST DISTRICT		
	MAINE	HANCOCK	+/-	WASHINGTON	+/-
TOBACCO USE					
Current (every day or some days) smoking (adults)	2016 19.8%	2016 21.3%	○	2016 23.6%	○
Past-30-day cigarette smoking (high school students)	2017 8.8%	2017 7.0%	○	2017 12.3%	!
Past-30-day cigarette smoking (middle school students)	2017 1.9%	2017 1.3%	○	2017 2.5%	○
Maine Tobacco HelpLine users	2017 2.6%	2017 1.6%	N/A	2017 1.5%	N/A
Past-30-day tobacco use (high school students)	2017 13.9%	2017 9.9%	★	2017 15.9%	○
Past-30-day tobacco use (middle school students)	2017 2.5%	2017 1.6%	○	2017 3.3%	○
Environmental tobacco smoke exposure (high school students)	2017 31.1%	2017 28.1%	○	2017 43.9%	!
Environmental tobacco smoke exposure (middle school students)	2017 22.8%	2017 23.3%	○	2017 39.1%	!
Current (every day or some days) E-cigarette use (adults)	2012-2016 3.3%	2012-2016 4.4*%	○	2012-2016 4.4*%	○
Past-30-day E-cigarette use (high school students)	2017 15.3%	2017 12.4%	○	2017 14.3%	○
Past-30-day E-cigarette use (middle school students)	2017 3.8%	2017 2.2%	○	2017 4.4%	○

DATA SOURCES AND DEFINITIONS

INDICATOR	DATA SOURCE	DEFINITION
DEMOGRAPHICS		
Population	<i>U.S. Census Bureau, American Community Survey</i>	Number of people who reside in the specified geographic area (e.g. Maine or a Maine county).
Veterans	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of residents who are veterans.
Persons with a disability	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of residents who report having any one of the six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, independent living difficulty.
Gay, lesbian and bisexual (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who identify as gay or lesbian, or bisexual. Data collected in odd numbered years.
Gay, lesbian and bisexual (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who identify as gay or lesbian, or bisexual. Data collected every year, except 2016.
SOCIAL DETERMINANTS OF HEALTH		
Children living in poverty	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of children, ages 0-17 years, who live in households where the total income of the householder's family is below the established federal poverty level.
Individuals living in poverty	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of individuals who live in households where the total income of the householder's family is below the established federal poverty level.
Median household income	<i>U.S. Census Bureau, American Community Survey</i>	Dollar amount that divides all households into two equal groups: half of the households having more income and the other half having less income.
People living in rural areas	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of residents who live in rural areas, as defined by the New England Rural Health Roundtable.
No vehicle for the household	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of households where no one owns a motor vehicle.
Long commute – driving alone	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of residents who drive alone for a work commute longer than 30 minutes.
Unemployment rate	<i>U.S. Bureau of Labor Statistics</i>	Percentage of non-institutionalized civilians in the labor force who were not employed. Reported monthly and rates are averaged for the full year.
Adverse childhood experiences	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who report at least three out of eight adverse childhood experiences. Data collected in odd numbered years.
Estimated high school student graduation rate	<i>Maine Dept. of Education</i>	Percentage of students who graduate with a regular diploma four years after starting ninth grade. Graduation rates are determined for students in all public schools and in all private schools that have 60% or more publicly funded students.
Associate's degree or higher among those age 25+	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of residents, age 25 and older, who have an associate's degree or higher.
Housing insecure (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who report they usually do not sleep in their parent's or guardian's home. Data collected in odd numbered years.
65+ living alone	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of all households where a person 65 years or older is living alone.
GENERAL HEALTH STATUS		
14 or more days lost due to poor physical health	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults whose physical health was not good during 14 or more out of the past 30 days.
14 or more days lost due to poor mental health	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults whose mental health was not good during 14 or more out of the past 30 days.

INDICATOR	DATA SOURCE	DEFINITION
GENERAL HEALTH STATUS (CONTINUED)		
Fair or poor health (self-rated)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who rate their health as fair or poor (vs. excellent, very good, or good).
Three or more chronic conditions	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have been diagnosed with three or more chronic health conditions (chronic conditions in skin cancer, other types of cancer, cardiovascular disease [such as stroke], coronary heart disease [such as heart attack], arthritis, COPD and asthma, obesity, and chronic kidney disease. Hypertension and high cholesterol are not included in this definition, because data on these conditions are collected biannually whereas the other conditions are collected annually.
MORTALITY		
Overall death rate per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths from any cause.
Years of potential life lost per 100,000 population	<i>County Health Rankings</i>	Rate per 100,000 people of the total number of years lost before the age of 75.
Leading causes of death	<i>National Center for Health Statistics, U.S. CDC</i>	List of the causes of death that are the most frequent in the population, sorted from highest to lowest frequency.
Years of potential life lost	<i>National Center for Health Statistics, U.S. CDC</i>	List of the causes of death with the highest values of years of potential life lost (YPLL), sorted from highest to lowest YPLL. YPLL is calculated by subtracting the age at which a person died from 75. The difference in years (of potential life lost) for all those who died before age 75 is added together.
ACCESS		
Uninsured	<i>U.S. Census Bureau, American Community Survey</i>	Percentage of people who do not currently have any form of health insurance (either privately, through their employer or through the government).
Ratio of primary care physicians to 100,000 population	<i>Health Resources and Services Administration</i>	Ratio of the number of primary care physicians practicing full-time to 100,000 population. For providers who work part-time, the number of hours worked are combined to estimate the number of full-time positions being filled.
MaineCare enrollment (all ages)	<i>MaineCare</i>	Percentage of individuals, of all ages, who were participating in MaineCare as of April 2015.
MaineCare enrollment (children ages 0-19)	<i>MaineCare</i>	Percentage of children, ages 0-19 years, who were participating in MaineCare as of April 2015.
Children with a medical home	<i>National Survey of Children's Health</i>	Percentage of children, ages 0-17 years, who have a medical home, measured annually, starting in 2014.
Usual primary care provider	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have at least one person they think of as their personal doctor or healthcare provider.
Primary care visit to any primary care provider in the past year	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who had a regular physical exam (not for a specific injury, illness, or condition) within the last 12 months.
Cost barriers to health care	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults reporting that there was a time during the last 12 months when they needed to see a doctor but could not because of the cost.
HEALTH CARE QUALITY		
Ambulatory care-sensitive condition hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of hospitalizations with a principal diagnosis of an ambulatory care-sensitive condition.
Ambulatory care-sensitive condition emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of emergency department discharges with a principal diagnosis of an ambulatory care-sensitive condition.
Hospital readmissions within 30 days of discharge (medical)	<i>Dartmouth Atlas</i>	Percentage of patients hospitalized for a medical condition who were readmitted within 30 days of discharge.
Hospital readmissions within 30 days of discharge (surgical)	<i>Dartmouth Atlas</i>	Percentage of patients hospitalized for a surgery who were readmitted within 30 days of discharge.

INDICATOR	DATA SOURCE	DEFINITION
CANCER		
All cancer deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths from any type of cancer.
Colorectal cancer deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths from colon or rectum cancers.
Female breast cancer deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 females of deaths from breast cancer.
Lung cancer deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths from lung or bronchus cancers.
Prostate cancer deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 males of deaths from prostate cancer.
Tobacco-related cancer deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths from tobacco-related cancers, excluding lung and bronchus cancers.
All cancer new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of any type of cancer.
Bladder cancer new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of bladder cancer.
Colorectal cancer new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of colon or rectum cancers.
Female breast cancer new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 females of new cases of breast cancer.
Lung cancer new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of lung or bronchus cancers.
Prostate cancer new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 males of new cases of prostate cancer.
Tobacco-related cancer (excluding lung cancer) new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of tobacco-related cancers, excluding lung and bronchus cancers.
Colorectal late-stage new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of colon or rectum cancers diagnosed after the cancer has spread beyond the local site.
Melanoma skin cancer new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of melanoma of the skin.
Female breast cancer late-stage new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 females of new cases of breast cancer diagnosed after the cancer has spread beyond the local site.
Cervical cancer screening up-to-date	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of females, ages 21-65, with an intact cervix who had a pap smear within the past three years. Data collected in even numbered years.
Breast cancer screening up-to-date	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of females, ages 50-74, who had a mammogram within the past two years. Data collected in even numbered years.
Colorectal cancer screening up-to-date	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults, ages 50-75, who had a screening for colorectal cancer within the time period recommended in the U.S. CDC guidelines. Data collected in even numbered years.
CARDIOVASCULAR DISEASE		
Cardiovascular disease deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths with cardiovascular disease as an underlying cause of death.
Coronary heart disease deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths with coronary heart disease as an underlying cause of death.
Heart attack deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths with heart attack as an underlying cause of death.

INDICATOR	DATA SOURCE	DEFINITION
CARDIOVASCULAR DISEASE (CONTINUED)		
Stroke deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths with stroke as an underlying cause of death.
High blood pressure hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of hospitalizations with a principal diagnosis of hypertension.
Heart failure hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of hospitalizations with a principal diagnosis of heart failure.
Heart attack hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of hospitalizations with a principal diagnosis of a heart attack.
Stroke hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of hospitalizations with a principal diagnosis of stroke.
High cholesterol	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have been told by a healthcare provider that their blood cholesterol is high. Data collected in odd numbered years.
Cholesterol checked in past five years	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who had their blood cholesterol checked within the past 5 years. Data collected in odd numbered years.
High blood pressure	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have ever been told by a healthcare provider that they have high blood pressure. Data collected in odd numbered years.
DIABETES		
Diabetes	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults that have ever been told by a healthcare provider that they have diabetes.
Pre-diabetes	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults that have ever been told by a healthcare provider that they have pre-diabetes or borderline diabetes.
Diabetes deaths (underlying cause) per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths with diabetes as an underlying cause of death.
Diabetes emergency department rate (principal diagnosis) per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of emergency department discharges with a principal diagnosis of diabetes.
Diabetes hospitalizations (principal diagnosis) per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of hospitalizations with a principal diagnosis of diabetes.
A1c test at least twice/year (adults with diabetes)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults with diabetes who have had a healthcare provider checked them for "A1c" in the past 12 months.
Formal diabetes education (adults with diabetes)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults with diabetes who have ever taken a course or class in how to manage their diabetes themselves.
Foot exam annually (adults with diabetes)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults with diabetes who have had a healthcare provider check their feet for any sores or irritations within the past year.
Dilated eye exam annually (adults with diabetes)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults with diabetes who have had an eye exam in which the pupils were dilated within the past year.
RESPIRATORY		
Current asthma (youth ages 0-17)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of children, ages 0-17 years, whose parents have been told by a healthcare provider that they had asthma and that they still have asthma.
Current asthma (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have been told by a healthcare provider that they had asthma and that they still have asthma.
Chronic lower respiratory disease deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths due to chronic lower respiratory disease.
Asthma emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of asthma emergency department visits.

INDICATOR	DATA SOURCE	DEFINITION
RESPIRATORY (CONTINUED)		
Pneumonia hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of hospitalizations with a principal diagnosis of pneumonia.
Chronic obstructive pulmonary disease hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of hospitalizations with a principal diagnosis of chronic obstructive pulmonary disease (COPD).
Chronic obstructive pulmonary disease (COPD)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have ever been told by a healthcare provider that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.
PHYSICAL ACTIVITY, NUTRITION, AND WEIGHT		
Obesity (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults with a Body Mass Index of 30 or more, based on self-reported height and weight.
Obesity (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who were obese (i.e., at or above the 95th percentile for body mass index, by age and sex). Data collected in odd numbered years.
Obesity (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who were obese (i.e., at or above the 95th percentile for body mass index, by age and sex). Data collected in odd numbered years.
Sedentary lifestyle – no leisure-time physical activity in past month (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who did not participate in any physical activities or exercises during the past month, other than during their regular job.
Food insecurity	<i>Feeding America: Map the Meal</i>	Percentage of households that lack access, at times, to enough food for an active, healthy life for all household members or that have limited or uncertain availability of nutritionally adequate food.
Overweight (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults with a Body Mass Index between 25.0 and 29.9, based on self-reported height and weight.
Overweight (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who were overweight (at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex). Data collected in odd numbered years.
Overweight (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who were overweight (at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex). Data collected in odd numbered years.
Met aerobic physical activity recommendations (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who reported doing enough physical activity to meet the aerobic and strengthening recommendations. Data collected in odd numbered years.
Met physical activity recommendations (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who were physically active for a total of at least 60 minutes per day on seven of the past seven days. Data collected in odd numbered years.
Met physical activity recommendations (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who were physically active for a total of at least 60 minutes per day on seven of the past seven days. Data collected in odd numbered years.
Fewer than two hours combined screen time (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students watching two or fewer hours of combined screen time (including television, video games, and computers) per day on an average school day. Data collected in odd numbered years.
Fewer than two hours combined screen time (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students watching two or fewer hours of combined screen time (including television, video games, and computers) per day on an average school day. Data collected in odd numbered years.
Fruit and vegetable consumption (high school students reporting five or more a day)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who drank 100% fruit juice, ate fruit and/or ate vegetables five or more times per day during the past seven days. Data collected in odd numbered years.
Fruit and vegetable consumption (middle school students reporting five or more a day)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who drank 100% fruit juice, ate fruit and/or ate vegetables five or more times per day during the past seven days. Data collected in odd numbered years.
Fruit consumption (adults reporting less than one serving per day)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who consume less than one serving per day of fruits or fruit juice. Data collected in odd numbered years.

INDICATOR	DATA SOURCE	DEFINITION
PHYSICAL ACTIVITY, NUTRITION AND WEIGHT (CONTINUED)		
Vegetable consumption (adults reporting less than one serving per day)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who consume less than one serving per day of vegetables. Data collected in odd numbered years.
Soda/sports drink consumption (high school students reporting one or more a day)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who drank at least one can, bottle, or glass of sugar-sweetened beverages per day during the past week. Data collected in odd numbered years.
Soda/sports drink consumption (middle school students reporting one or more a day)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- or eighth-grade students who drank at least one can, bottle, or glass of sugar-sweetened beverages per day during the past week. Data collected in odd numbered years.
PREGNANCY AND BIRTH OUTCOMES		
Infant deaths per 1,000 live births	<i>Maine CDC Vital Records</i>	Rate per 1,000 births of babies who died before their first birthday.
Low birth weight (<2500 grams)	<i>Maine CDC Vital Records</i>	Percentage of babies born with a weight less than 2,500 grams.
Pre-term live births	<i>Maine CDC Vital Records</i>	Percentage of babies born before 37 weeks of gestation.
Births for which the mother received more than 80% of expected prenatal visits	<i>Maine CDC Vital Records</i>	Percentage of new mothers who had more than 80% of the expected prenatal visits.
Infants who are ever breast fed	<i>Maine CDC Vital Records</i>	Percentage of babies who were ever fed breast milk.
Infants who are exclusively breast fed to 6 months	<i>National Immunization Survey</i>	Percentage of babies who were only fed breast milk from birth to six months of age.
Unintended births	<i>Pregnancy Risk Assessment Monitoring System</i>	Percentage of new mothers who reported that they had not wanted to be pregnant at all or wanted to be pregnant later.
Births to 15-19-year olds per 1,000 population	<i>Maine CDC Vital Records</i>	Rate per 1,000 women, ages 15-19 years, who gave birth.
C-sections among low-risk births	<i>Maine CDC Vital Records</i>	Percentage of low-risk births for which a cesarean section was completed.
Smoked during pregnancy	<i>Maine CDC Vital Records</i>	Percentage of new mothers who smoked cigarettes during the last three months of pregnancy.
Drank alcohol during pregnancy	<i>Pregnancy Risk Assessment Monitoring System</i>	Percentage of new mothers who drank alcohol during the last three months of pregnancy.
CHILDREN WITH SPECIAL HEALTH CARE NEEDS		
Children with special health care needs	<i>National Survey of Children's Health</i>	Percentage of children, ages 0-17 years, whose parents report that they have a special health care need. Data collected in 2016.
Developmental screening for children	<i>National Survey of Children's Health</i>	Percentage of children, ages 9-35 months, who received developmental screening using a parent-completed screening tool. Data collected in 2016.
Developmental screening for children for MaineCare members	<i>MaineCare</i>	Percentage of MaineCare members at ages 1, 2 and 3 years who received developmental screening using a parent-completed evidence-based screening tool.
ELDER HEALTH		
Cognitive decline	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults, ages 45 and over, who experienced confusion or memory loss that happened more often or got worse within the past 12 months. Data collected in 2012 and 2016.
Caregiving at least 20 hours per week	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who provided regular care or assistance to a friend or family member who has a health problem or disability for at least 20 hours a week during the past 30 days. Data collected in odd numbered years beginning in 2015.

INDICATOR	DATA SOURCE	DEFINITION
ELDER HEALTH (CONTINUED)		
Arthritis	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have been told by a healthcare provider that they have arthritis.
ENVIRONMENTAL HEALTH		
Homes with private wells tested for arsenic	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of households with a private well where the well water has been tested for arsenic.
Children with confirmed elevated blood lead levels (percentage among those screened)	<i>Maine CDC Childhood Lead Poisoning Prevention Unit</i>	Percentage of children, ages 0-36 months, among those screened, who had a confirmed blood lead level above 5 micrograms per deciliter.
Children with unconfirmed elevated blood lead levels (percentage among those screened)	<i>Maine CDC Childhood Lead Poisoning Prevention Unit</i>	Percentage of children, ages 0-36 months, among those screened, who had a finger stick blood lead test showing a blood lead level above 5 micrograms per deciliter.
Lead screening among children (ages 24-35 months)	<i>Maine CDC Childhood Lead Poisoning Prevention Unit</i>	Percentage of children, ages 24-35 months, who have had their blood tested for elevated blood lead levels.
Lead screening among children (ages 12-23 months)	<i>Maine CDC Childhood Lead Poisoning Prevention Unit</i>	Percentage of children, ages 12-23 months, who have had their blood tested for elevated blood lead levels.
IMMUNIZATION		
Two-year-olds up-to-date with recommended immunizations	<i>Maine Immunization Program</i>	Percentage of children, ages 24-35 months, who are up-to-date with all recommended immunizations, assessed on December 31 of each year.
Immunization exemptions among kindergarteners for philosophical reasons	<i>Maine Immunization Program</i>	Percentage of kindergarteners who were exempted from school immunization requirements due to philosophical reasons.
Influenza vaccination in the past year (children)	<i>National Immunization Survey</i>	Percentage of children, ages 6 months to 17 years, who received an immunization for influenza during the school year.
13-18-year-olds up-to-date with recommended immunizations	<i>Maine Immunization Program</i>	Percentage of children, ages 13-18 years, who are up-to-date with all recommended immunizations, assessed on December 31 of each year.
Influenza vaccination in the past year (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in their nose during the past 12 months.
Pneumococcal pneumonia vaccination (adults ages 65+)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults, ages 65 and older, who have ever had a pneumonia vaccine.
INFECTIOUS DISEASE		
Lyme disease new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of Lyme disease.
Chlamydia new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of chlamydia.
Gastrointestinal disease new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of the four most common reportable enteric diseases.
Hepatitis A (acute) new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of hepatitis A.
Hepatitis B (acute) new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of acute hepatitis B.
Hepatitis B (chronic) new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of newly reported cases of chronic hepatitis B.
Hepatitis C (acute) new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of acute hepatitis C.
Hepatitis C (chronic) new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of newly reported cases of chronic hepatitis C.

INDICATOR	DATA SOURCE	DEFINITION
INFECTIOUS DISEASE (CONTINUED)		
Pertussis new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of pertussis.
Tuberculosis new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of active acute tuberculosis.
Gonorrhea new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of gonorrhea.
HIV new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of newly diagnosed cases of HIV.
Syphilis new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of syphilis.
UNINTENTIONAL INJURY		
Fall-related deaths (unintentional) per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths due to unintentional falls.
Injury deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths due to injuries.
Poisoning deaths (unintentional and undetermined intent) per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths due to poisonings of unintentional and undetermined intent.
Motor vehicle traffic crash (unintentional) deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths due to unintentional motor vehicle crashes.
Work-related deaths (number)	<i>Maine Dept. of Labor</i>	Number of deaths from work-related injuries.
Fall-related injury (unintentional) emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of emergency department discharges with a diagnoses of a fall-related injury.
Traumatic brain injury emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of emergency department discharges with a diagnoses of traumatic brain injury.
Always wear seatbelt (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who always wear a seatbelt when riding in a vehicle. Data collected in odd numbered years.
Always wear seatbelt (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who always wear a seatbelt when riding in a vehicle. Data collected in odd numbered years.
INTENTIONAL INJURY		
Suicide deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths due to suicide.
Rape/non-consensual sex (among females, lifetime)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of females who have ever had sex with someone after they said or showed that they didn't want them to or without their consent. Data collected in 2011 and even numbered years.
Violence by current or former intimate partners in past 12 months (among females)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of females who have experienced physical violence or had unwanted sex with a current or former intimate partner within the past 12 months. Data collected in even numbered years.
Firearm deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths due to firearms, all intents.
Violent crime rate per 100,000 population	<i>Maine Dept. of Public Safety</i>	Rate per 100,000 people of violent crime offenses.
Nonfatal child maltreatment per 1,000 population	<i>Child Maltreatment Report, U.S. Agency for Children Youth and Families</i>	Rate per 1,000 children, under age 18, of child maltreatment that is a threat to a child's health or welfare.

INDICATOR	DATA SOURCE	DEFINITION
INTENTIONAL INJURY (CONTINUED)		
Intentional self-injury (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who have ever done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose. Data collected in odd numbered years.
Intentional self-injury (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who have ever done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose. Data collected in odd numbered years.
Bullying on school property (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who have been bullied on school property. Data collected in odd numbered years.
Bullying on school property (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who have been bullied on school property. Data collected in odd numbered years.
MENTAL HEALTH		
Ratio of psychiatrists to 100,000 population	<i>Health Resources and Services Administration</i>	Ratio of the number of psychiatrists practicing full-time to 100,000 population. For psychiatrists who work part-time, the number of hours worked are combined to estimated the number of full-time positions being filled.
Mental health emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 people of emergency department discharges with a principal diagnosis of mental health condition.
Sad/hopeless for two weeks in a row (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Data collected in odd numbered years.
Sad/hopeless for two weeks in a row (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Data collected in odd numbered years.
Seriously considered suicide (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who seriously considered attempting suicide during the past 12 months. Data collected in odd numbered years.
Seriously considered suicide (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who seriously considered attempting suicide during the past 12 months. Data collected in odd numbered years.
Depression, current symptoms (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have reported current symptoms of depression.
Depression, lifetime	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have ever been told by a healthcare provider that they have a depressive disorder.
Anxiety, lifetime	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have ever been told by a healthcare provider that they have an anxiety disorder.
Chronic disease among persons with mental illness	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have reported current symptoms of depression and have three or more chronic conditions.
Currently receiving outpatient mental health treatment (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who are currently taking medicine or receiving treatment from a doctor for any type of mental health condition or emotional problem.
Adults with mental health disorders who receive treatment	<i>National Survey on Drug Use and Health</i>	Percentage of adults with any mental illness who received mental health services in the past 12 months.
12-17-year-olds with major depressive episode who receive treatment	<i>National Survey on Drug Use and Health</i>	Percentage of adolescents, ages 12-17 years, with major depressive episode who received treatment for depression in the past 12 months.
Children with mental health disorders who receive treatment	<i>National Survey of Children's Health</i>	Percentage of children, ages 3-17 years, who have been diagnosed by a healthcare provider with a mental or behavioral condition.
Persons with co-occurring substance use and mental health disorders who receive treatment for both	<i>National Survey on Drug Use and Health</i>	Not available at the state level or county level (national only).

INDICATOR	DATA SOURCE	DEFINITION
ORAL HEALTH		
Ratio of practicing dentists to 100,000 population	<i>Health Resources and Services Administration</i>	Ratio of the number of dentists practicing full-time to 100,000 population. For dentists who work part-time, the number of hours worked are combined to estimated the number of full-time positions being filled.
Dentist visits in the past year (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who visited the dentist or a dental clinic for any reason in the past 12 months. Data collected in even numbered years.
Dentist visits in the past year (MaineCare members under age 18)	<i>MaineCare</i>	Percentage of MaineCare members, under age 18, who visited the dentist in the past 12 months.
SUBSTANCE AND ALCOHOL USE		
Overdose deaths per 100,000 population	<i>Vital Records</i>	Rate per 100,000 people of deaths of Maine residents due to a drug overdose. This rate does not include deaths of non-Maine residents that occur in the state of Maine.
Chronic heavy drinking (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who drink more than two drinks per day for men or more than one drink per day for women, among those who drink every day.
Past-30-day alcohol use (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who had at least one drink of alcohol on at least one day in the past 30 days. Data collected in odd numbered years.
Past-30-day alcohol use (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who had at least one drink of alcohol on at least one day in the past 30 days. Data collected in odd numbered years.
Past-30-day marijuana use (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who used marijuana at least one time in the last 30 days. Data collected in odd numbered years.
Past-30-day marijuana use (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who used marijuana at least one time in the last 30 days. Data collected in odd numbered years.
Past-30-day misuse of prescription drugs (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who used a prescription drug without a doctor's prescription at least one time in the last 30 days. Data collected in odd numbered years.
Past-30-day misuse of prescription drugs (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who used a prescription drug without a doctor's prescription at least one time in the last 30 days. Data collected in odd numbered years.
Narcotic doses dispensed per capita	<i>Prescription Monitoring Program</i>	Rate per person of narcotic doses dispensed.
Drug-induced deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths for which drugs are the underlying cause, including those attributable to acute poisoning by drugs and those from medical conditions resulting from chronic drug use. Deaths due to alcohol use are excluded.
Alcohol-induced deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths for which alcohol is the underlying cause, including those attributable to acute alcohol poisoning and those from medical conditions resulting from chronic alcohol use.
Alcohol-impaired driving deaths per 100,000 population	<i>Maine Dept. of Transportation</i>	Rate per 100,000 population of alcohol-impaired driving fatalities (with a blood alcohol content of .08 or over).
Overdose emergency medical service responses per 10,000 population	<i>Maine Emergency Medical Services</i>	Rate per 10,000 population of overdose emergency medical service responses, including overdoses from drugs/medication, alcohol, and inhalants.
Opiate poisoning emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 population of emergency department discharges with a principal diagnosis of opiate poisoning.
Opiate poisoning hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 population of hospitalizations with a principal diagnosis of opiate poisoning.
Substance-use hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Discharge Data</i>	Rate per 10,000 population of hospitalizations with a principal diagnosis of substance-use.

INDICATOR	DATA SOURCE	DEFINITION
SUBSTANCE AND ALCOHOL USE (CONTINUED)		
Drug-affected infant reports per 1,000 births	<i>Maine Automated Child Welfare Information System (Maine Office of Child and Family Services)</i>	Rate per 1,000 births of infants for which a healthcare provider reported that there was reasonable cause to suspect the baby may be affected by illegal substance abuse or demonstrating withdrawal symptoms resulting from prenatal drug exposure or has a fetal alcohol spectrum disorder.
Binge drinking (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who had five or more alcoholic drinks on at least one day in the last 30 days. Data collected in odd numbered years.
Binge drinking (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who had five or more alcoholic drinks in a row on at least one day in the last 30 days. Data collected in odd numbered years.
Binge drinking (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who had five or more drinks on at least one occasion for men and four or more drinks on at least one occasion for women in the past 30 days.
Past-30-day marijuana use (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who used marijuana during the past 30 days.
Past-30-day misuse of prescription drugs (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who used prescription drugs that were either not prescribed and/or not used as prescribed in order to get high at least once within the past 30 days.
Adults who needed and did not receive treatment for illicit drug use	<i>National Survey on Drug Use and Health</i>	Percentage of adults who needed but did not receive treatment for illicit drug use during the past 12 months.
Adults who needed and did not receive treatment for alcohol use	<i>National Survey on Drug Use and Health</i>	Percentage of adults who needed but did not receive treatment for alcohol use in the past 12 months during the past 12 months.
TOBACCO USE		
Current (every day or some days) smoking (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have smoked at least 100 cigarettes in their lifetime and currently smoke.
Past-30-day cigarette smoking (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who smoked cigarettes on at least one day in the past 30 days. Data collected in odd numbered years.
Past-30-day cigarette smoking (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who smoked cigarettes on at least one day in the past 30 days. Data collected in odd numbered years.
Maine Tobacco HelpLine users	<i>Center for Tobacco Independence</i>	Percentage of current adult smokers who are registered users of the Maine Tobacco HelpLine.
Past-30-day tobacco use (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days. Data collected in odd numbered years.
Past-30-day tobacco use (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days. Data collected in odd numbered years.
Environmental tobacco smoke exposure (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who were in the same room with someone who was smoking cigarettes at least one day during the past seven days. Data collected in odd numbered years.
Environmental tobacco smoke exposure (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who were in the same room with someone who was smoking cigarettes at least one day during the past seven days. Data collected in odd numbered years.
Current (every day or some days) E-cigarette use (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who used electronic “vaping” products every day or some days.
Past-30-day E-cigarette use (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who used an electronic vapor product at least one day in the last 30 days. Data collected in odd numbered years.
Past-30-day E-cigarette use (middle school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of seventh- and eighth-grade students who used an electronic vapor product at least one day in the last 30 days. Data collected in odd numbered years.

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