

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

ENVIRONMENTAL HEALTH INDICATORS	DISTRICT								MAINE State ± Margin of Error	UNITED STATES
	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error		
Emergency Department Visits for Carbon Monoxide Poisoning (rate per 100,000) [2001-2005]	15.9 (±2.3)	6.9 (±1.9)	4.7 (±1.2)	5.2 (±4.9)	6.3 (±1.9)	6.9 (±1.9)	8.0 (±1.9)	6.5 (±1.7)	6.9 (±0.7)	n/a
Elevated Blood Lead Levels Among Screened 1-Year Old Children (percent) [2005-2006]	0.3 (±0.4)	1.9 (±0.8)	1.1 (±0.4)	1.0 (±0.7)	1.9 (±0.8)	1.6 (±0.6)	1.7 (±0.6)	1.4 (±0.5)	1.4 (±0.2)	1.58 (<72 mos. Old) [2005]
Housing Units in Structures Built <1950 (numbers, representing high risk for lead) [2000]	15,244	29,569	45,159	20,370	29,527	27,996	37,155	28,112	35.7%	22.3%
Homes with Private Wells Tested for Arsenic (percent) [2003]	n/a	45.6 (±9.7)	n/a	n/a	36.6 (±9.4)	n/a	47.1 (±9.4)	n/a	44.6 (±3.9)	n/a
District Community Water Systems Meeting all Health Based Standards (percent) [2007]	78	80	87	76	80	94	84	65	80	n/a
District Community Water Systems with Source Water Protection in Place (percent) [2007]	74	78	84	93	88	87	81	84	84	n/a

SOURCES AND TECHNICAL NOTES

<p>There are three (3) DHHS Districts whose jurisdictional borders follow a single county [Aroostook, Cumberland, and York] and five (5) DHHS Health District jurisdictions that cover either 2, 3, or 4 counties [Central, Downeast, Midcoast, Penquis, Western Districts.]</p>	<p>Highlighted cells are those that may be significantly different than the state rate because the data fall outside the margin of error.</p>	<p>Race / ethnicity estimates herein reflect one type of Census format so that when a person of more than one race is counted, he or she is counted in more than one racial category. This will result in a total count higher than the actual total population count for the jurisdiction when it comes to race / ethnicity.</p>	<p>What is measured to compare disease burden by District is not always what should be measured to compare state to national data (which is not always age-adjusted.)</p>	<p>Differences in methodology for data calculations may be too great to directly compare District or State data with US or Benchmarking State data sets such as found in <i>Healthy People 2010</i>, or the Commonwealth, Kaiser, or United Health Foundation indicators ranking projects. They are still informative so they have been included.</p>	<p>Indicators change over time, especially those that depend in coding regulations, which themselves change.</p>	<p>Data for the single county Districts are sometimes calculated differently than those of multi-county Districts. For example, median ages are not comparable across Districts, but still provide useful information.</p>	<p>Many other complicated factors, such as when the population (Census) changes, means rates are not always comparable.</p>
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