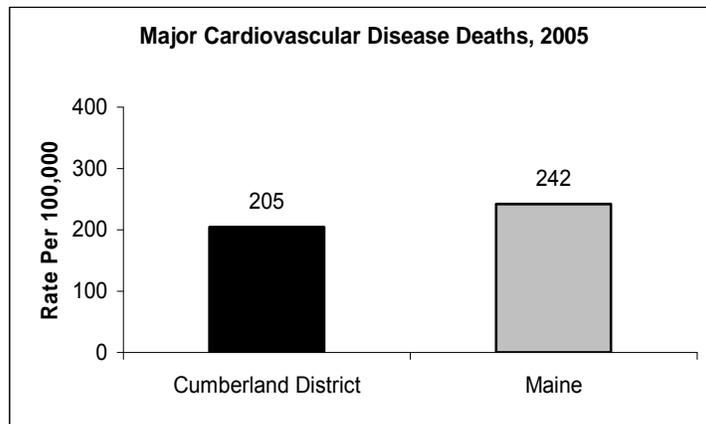# CUMBERLAND DISTRICT: Chronic Diseases
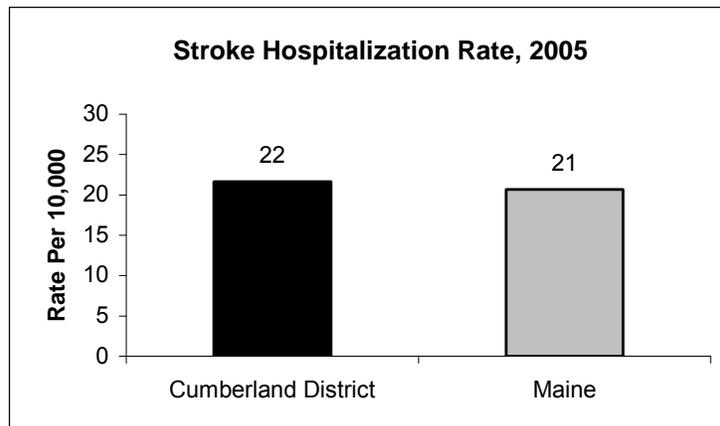
Cardiovascular Disease

Cardiovascular disease refers to a group of diseases and conditions affecting the heart and blood vessels, and is the leading killer of adults in Maine. Heart disease, stroke and hypertension, among other conditions, also create a vast burden of illness and need for health care in Maine.

Cardiovascular disease is not an inevitable consequence of life. Many cardiovascular diseases can be prevented or modified through basic healthy lifestyle choices. Screening and early identification of disease and those at risk of disease, and monitoring of blood pressure and cholesterol, changes in health care delivery, and policies and environments that support healthy choices can make a difference.
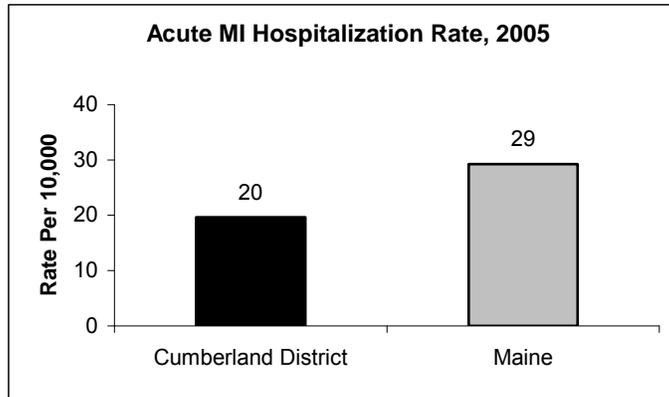
The Maine CDC's Cardiovascular Health Program and links to many partners can be found at www.maine.gov/dhhs/boh/hmp/mcvhp/.
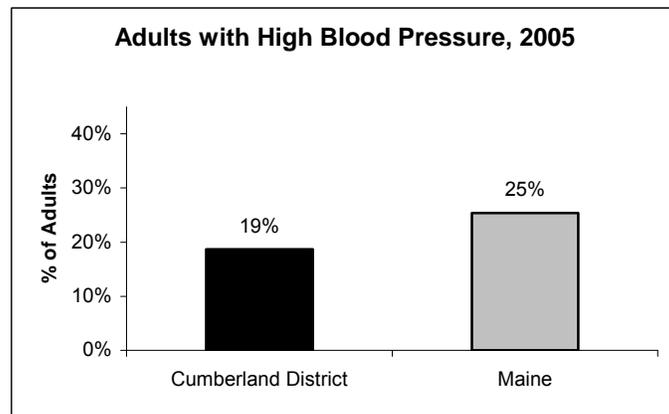
Major Cardiovascular Disease Deaths, 2005

Rate Per 100,000

	Cumberland District	Maine
	205	242

Source: 2005 Maine Office of Data, Research and Vital Statistics; Age-adjusted to 2000 U.S. Standard Population

Stroke Hospitalization Rate, 2005
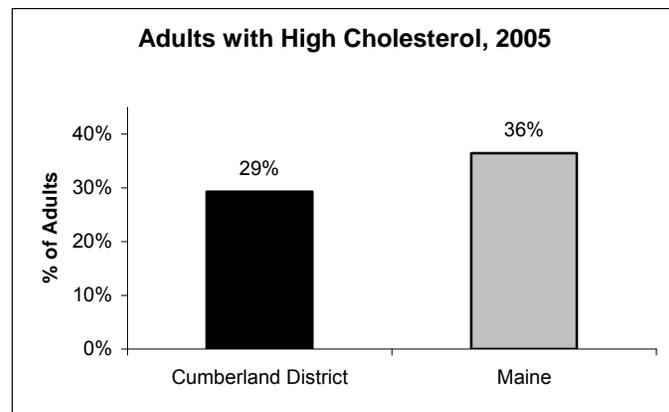
Rate Per 10,000

	Cumberland District	Maine
	22	21

Source: 2005 Maine Hospital Discharge Datasets; Age-adjusted to 2000 U.S. Standard Population

Acute MI Hospitalization Rate, 2005

Rate Per 10,000

Cumberland District: 20

Maine: 29

Source: 2005 Maine Hospital Discharge Datasets; Age-adjusted to 2000 U.S. standard population

Adults with High Blood Pressure, 2005

% of Adults

Cumberland District: 19%

Maine: 25%

Source: 2005 BRFSS

Adults with High Cholesterol, 2005

% of Adults

Cumberland District: 29%

Maine: 36%

Source: 2005 BRFSS

	Cumberland District Number	Cumberland District Rate or Percent (± Margin of Error)	Maine State Rate or Percent (± Margin of Error)
Major CVD Deaths[1]	672	204.6 (± 15.5) (per 100,000)	242.0 (±7.6) (per 100,000)
Stroke Hospitalizations[2]	684	21.7 (±1.6) (per 10,000)	20.7 (±0.7) (per 10,000)
Acute Myocardial Infarction Hospitalizations[2]	624	19.6 (± 1.5) (per 10,000)	29.2 (±0.8) (per 10,000)
High Blood Pressure Among Adults[3]	N/A	18.7% (± 3.1)	25.4% (±1.6)
High Cholesterol Among Adults[3]	N/A	29.3% (± 4.1)	36.4% (±2.0)

1) Source: 2005 Maine Office of Data, Research and Vital Statistics; Age-adjusted to 2000 U.S. standard population
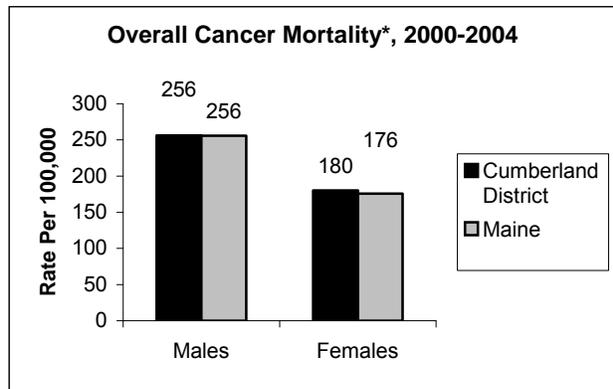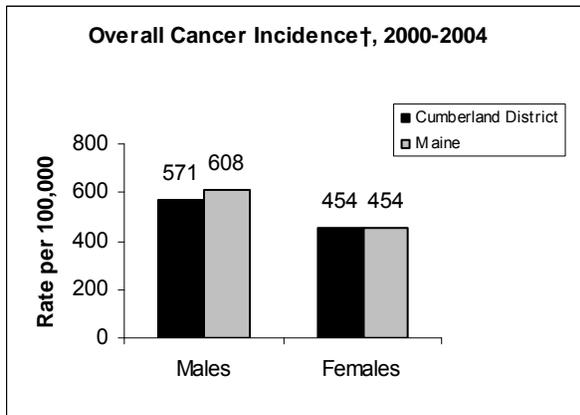2) Source: 2005 Maine Hospital Discharge Datasets; Age-adjusted to 2000 U.S. standard population
3) Source: 2005 BRFSS: Ever told by a doctor

Cancer

Cancers are caused by modifiable risk factors, by genes, and influenced by environmental factors.   Four cancers account for the majority of new cancer diagnoses: lung, colorectal, female breast, and in men, prostate.   It is the second leading cause of death in Maine.

Data are collected and analyzed by the Maine CDC's certified Maine Cancer Registry to monitor trends and investigate possible cancer clusters. The Maine Comprehensive Cancer Program supports strategic planning in partnership with its nonprofit partners and provides targeted prevention activities if there are gaps as identified in the Maine Cancer Plan. The Maine Breast and Cervical Cancer Program reduces disparities in health by supporting outreach and screening for breast and cervical cancer in women at risk who cannot afford them.   For more information see www.mainepublichealth.org
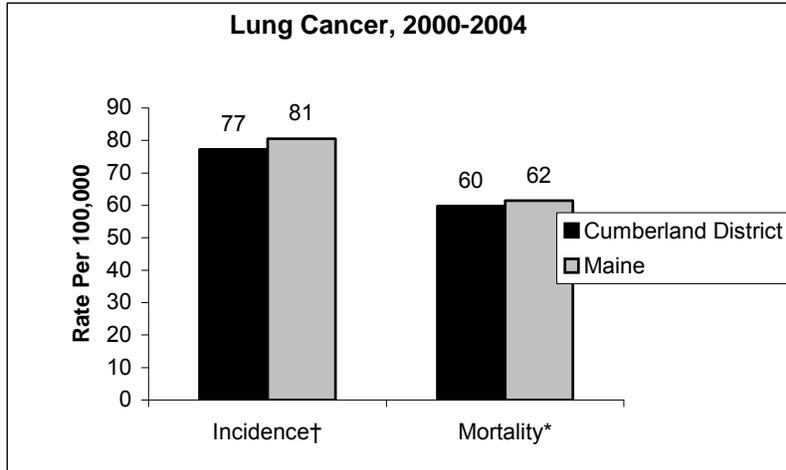

Source: 2000-2004 National Center for Health Statistics data

† Source: 2000-2004 Maine Cancer Registry, Maine CDC   *

	Cumberland District Rate (± Margin of Error) Male	Cumberland District Rate (± Margin of Error) Female	Maine State Rate (± Margin of Error) Male	Maine State Rate (± Margin of Error) Female
Overall Cancer Incidence† Rate (Per 100,000)	571.4 (±19.2)	453.9 (±15.0)	608.3 (±8.6)	454.2 (±6.7)
Overall Cancer Mortality* Rate (Per 100,000)	256.0 (±13.1)	180.1 (±9.2)	255.6 (±5.7)	175.6 (±4.1)

† Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
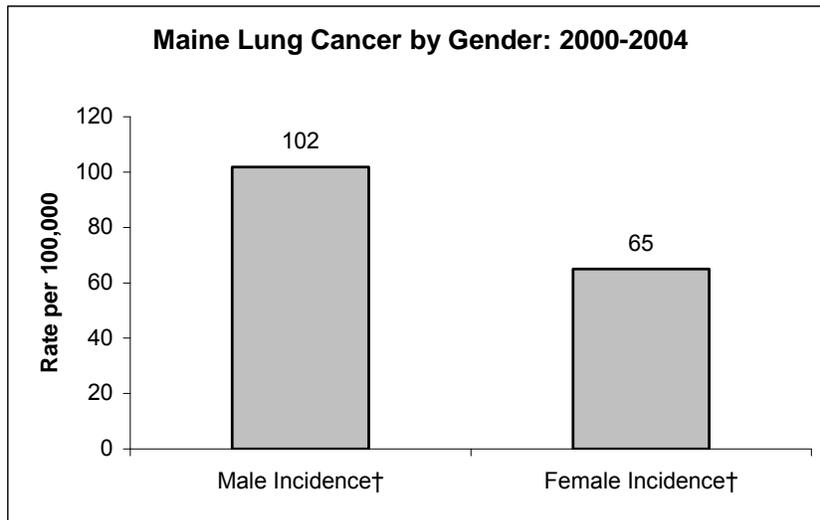 * Source: 2000-2004 National Center for Health Statistics data

Lung Cancer, 2000-2004

Rate Per 100,000

	Incidence†	Mortality*
Cumberland District	77	60
Maine	81	62

†Incidence Source: Maine Cancer Registry, Maine CDC, DHHS
*Mortality Source: 2000-2004 National Center for Health Statistics data

	Cumberland District Rate (± Margin of Error)	Maine State Rate (± Margin of Error)
Lung Cancer Incidence† Rate (Per 100,000)	77.3 (± 4.6)	80.6 (±2.1)
Lung Cancer Mortality* Rate (Per 100,000)	59.8 (±4.1)	61.5 (±1.8)

† Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
* Mortality Source: 2000-2004 National Center for Health Statistics data

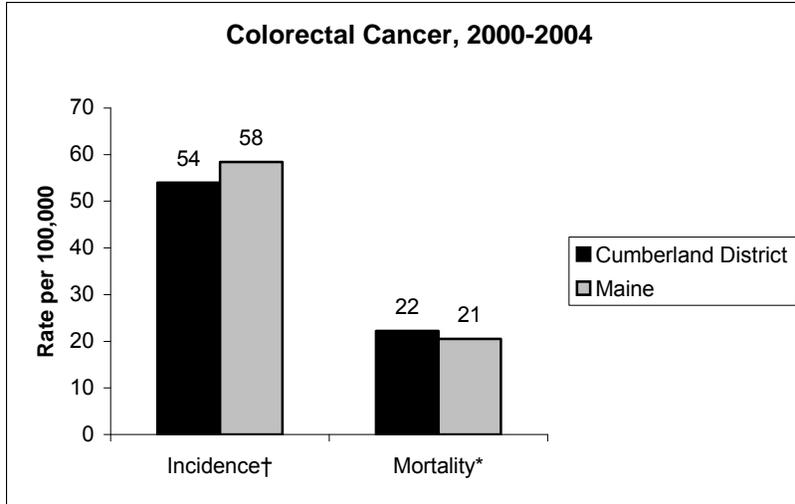**Maine Lung Cancer by Gender: 2000-2004**

Rate per 100,000

Male Incidence†	Female Incidence†
102	65

† Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS

Colorectal Cancer, 2000-2004

† Incidence Source: Maine Cancer Registry, Maine CDC, DHHS
* Mortality Source: 2000-2004 National Center for Health Statistics data

	Cumberland District Rate (± Margin of Error)	Maine State Rate (± Margin of Error)
Colorectal Cancer Incidence† Rate (Per 100,000)	54.0 (± 3.8)	58.4 (±1.8)
Colorectal Cancer Mortality* Rate (Per 100,000)	22.2 (± 2.5)	20.5 (±1.1)

† Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
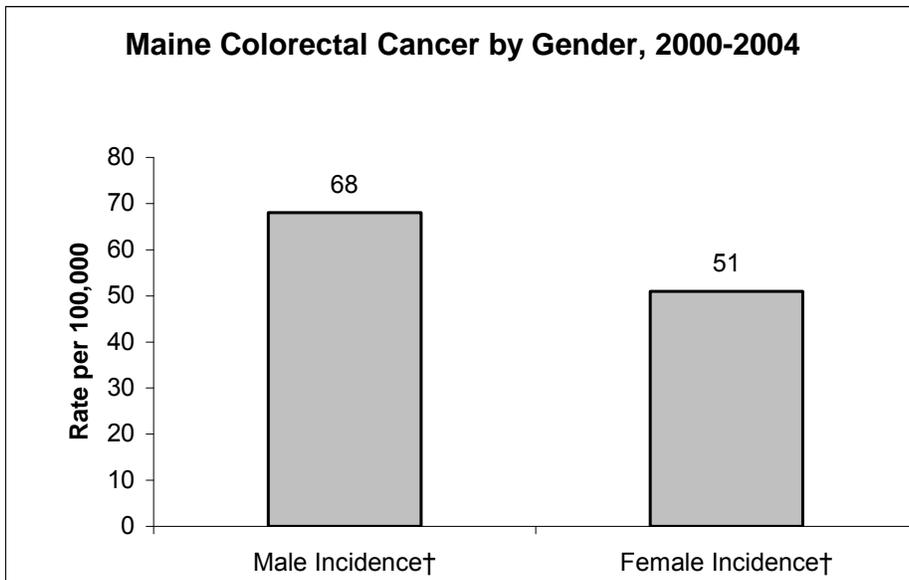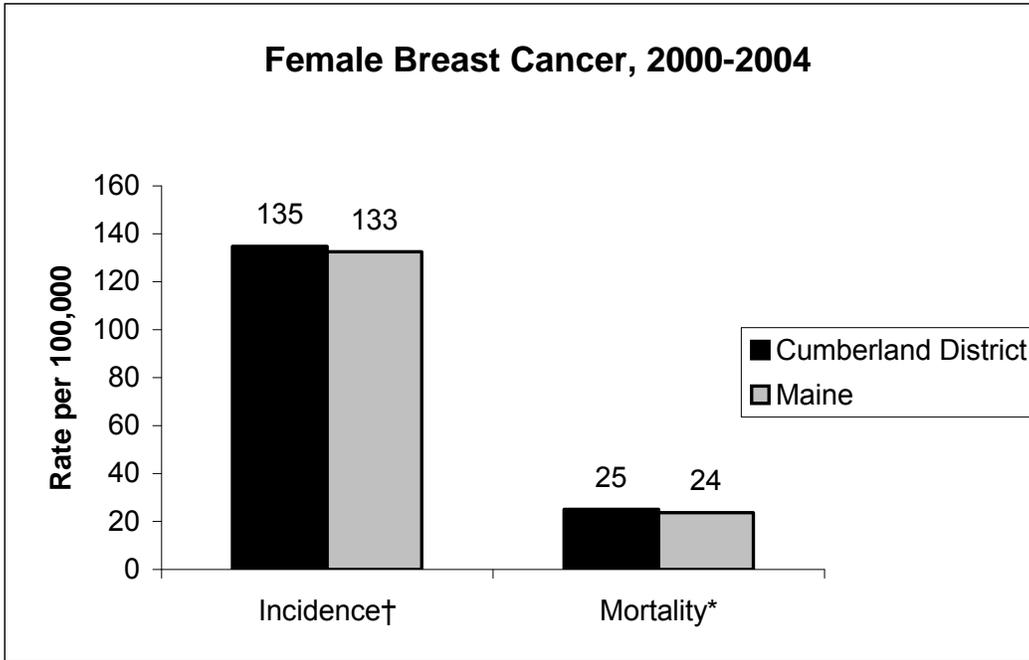* Mortality Source: 2000-2004 National Center for Health Statistics data

Maine Colorectal Cancer by Gender, 2000-2004

† Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS

Female Breast Cancer, 2000-2004

† Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
 *Source: 2000-2004 National Center for Health Statistics data

	Cumberland District Rate (± Margin of Error)	Maine State Rate (± Margin of Error)
Female Breast Cancer Incidence† Rate (Per 100,000)	134.8 (± 8.2)	132.5 (±3.6)
Female Breast Cancer Mortality* Rate (Per 100,000)	25.1 (± 3.5)	23.7 (±1.5)

† Incidence Source:2000-2004 Maine Cancer Registry, Maine CDC, DHHS
* Mortality Source: 2000-2004 National Center for Health Statistics data

Prostate Cancer, 2000-2004

Rate per 100,000

- 200
- 180
- 160
- 140
- 120
- 100
- 80
- 60
- 40
- 20
- 0

■ Cumberland District
□ Maine

Incidence†: Cumberland District 161, Maine 174
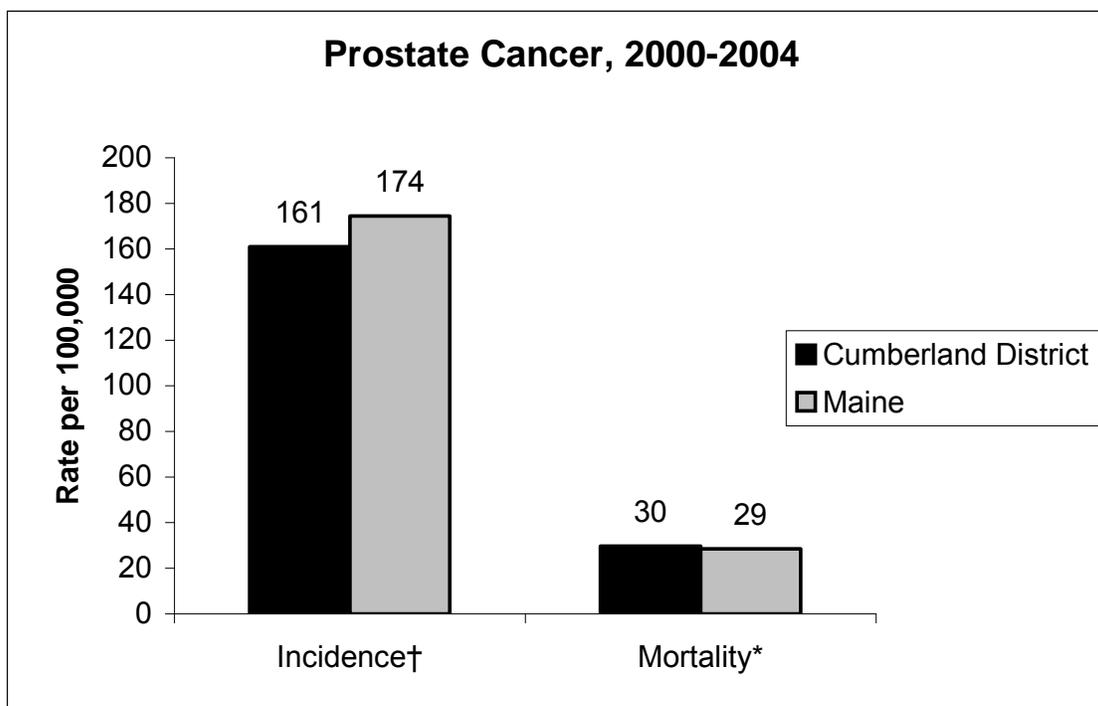
Mortality*: Cumberland District 30, Maine 29

† Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS
* Source: 2000-2004 National Center for Health Statistics data

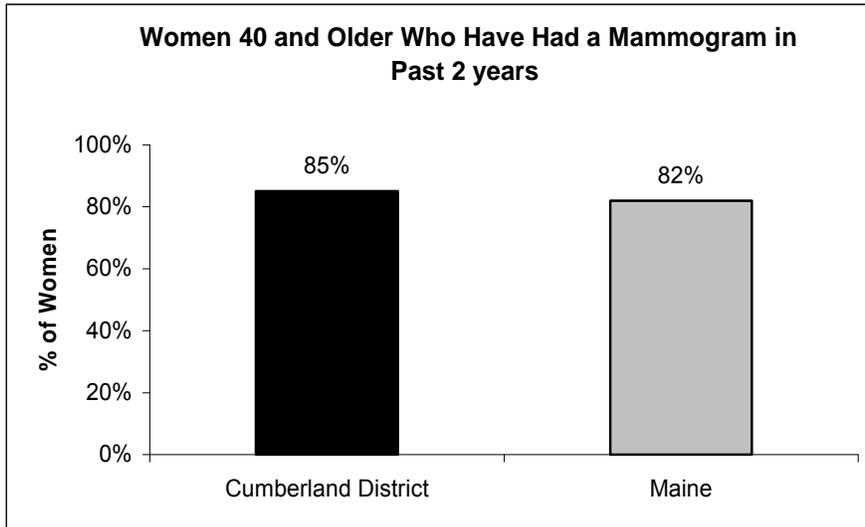|	Cumberland District Rate (± Margin of Error)	Maine State Rate (± Margin of Error)
Prostate Cancer Incidence† Rate (Per 100,000)	161.1 (±10.2)	174.5 (± 4.6)
Prostate Cancer Mortality* Rate (Per 100,000)	29.8 (± 4.8)	28.5 (±2.1)

† Incidence Source: 2000-2004 Maine Cancer Registry, Maine CDC, DHHS*Mortality Source: 2000-2004 National Center for Health Statistics data
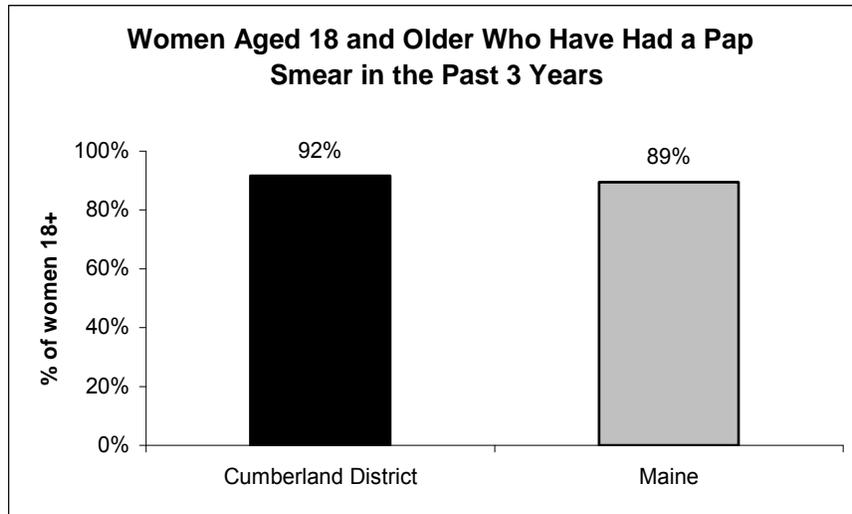
Cancer Screening

Screening tests for breast, colorectal, and cervical cancer have contributed to declines in death due to these cancers. Colonoscopies and pap smears have preventive aspects critical to early detection and treatment.
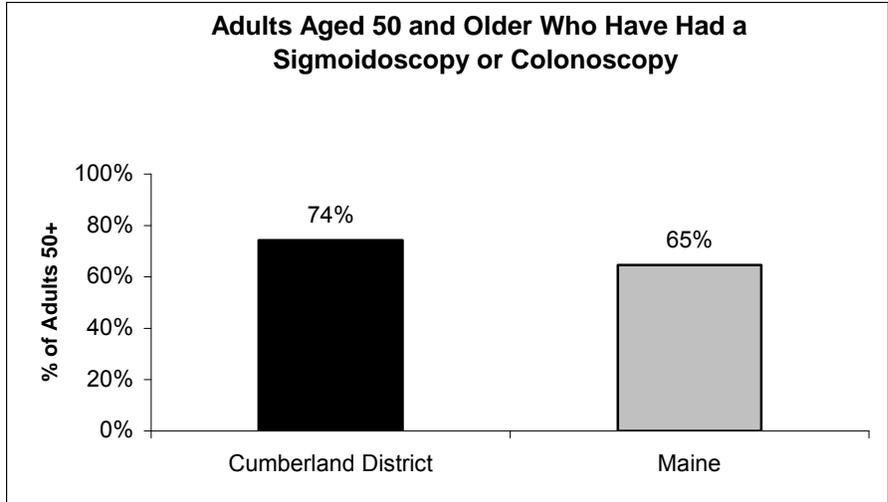
The early detection of cancer is the most effective way to improve the chances of a positive outcome through treatment. Additional information on cancer screening can be obtained from Maine CDC's Comprehensive Cancer Control Program at: www.maine.gov/dhhs/boh/ccc.html.

Women 40 and Older Who Have Had a Mammogram in Past 2 years

	Cumberland District	Maine
% of Women	85%	82%

Source: 2006 BRFSS

Women Aged 18 and Older Who Have Had a Pap Smear in the Past 3 Years

	Cumberland District	Maine
% of women 18+	92%	89%

Source: 2006 BRFSS

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**Adults Aged 50 and Older Who Have Had a
Sigmoidoscopy or Colonoscopy**

Source: 2006 BRFSS

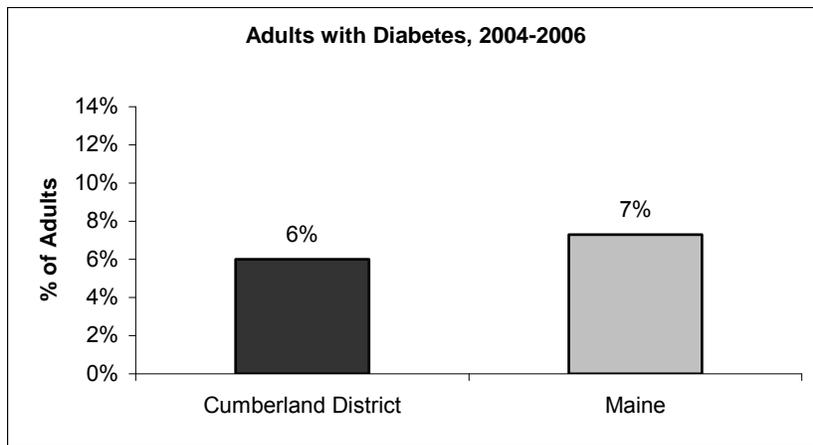|	Cumberland District Percent (± Margin of Error)	Maine State Percent (± Margin of Error)
Mammogram Among Women 40 and Older (Past 2 years)[1]	85.1 (±4.3)	82.0 (±2.0)
Pap Smear Among Women 18 and Older (Past 3 Years)[2]	91.6 (±3.3)	89.4 (±1.6)
Sigmoidoscopy/colonoscopy Among Adults 50 and Older[3]	74.3 (±5.1)	64.6 (±2.4)

1)   Source: 2006 BRFSS: % of women 40 years and older who have had a mammogram in the past 2 years
2)   Source: 2006 BRFSS: % of women 18 years and older who have had a pap smear within the past 3 years
3)   Source: 2006 BRFSS: % of adults 50 years and older who have had a sigmoidoscopy or colonoscopy
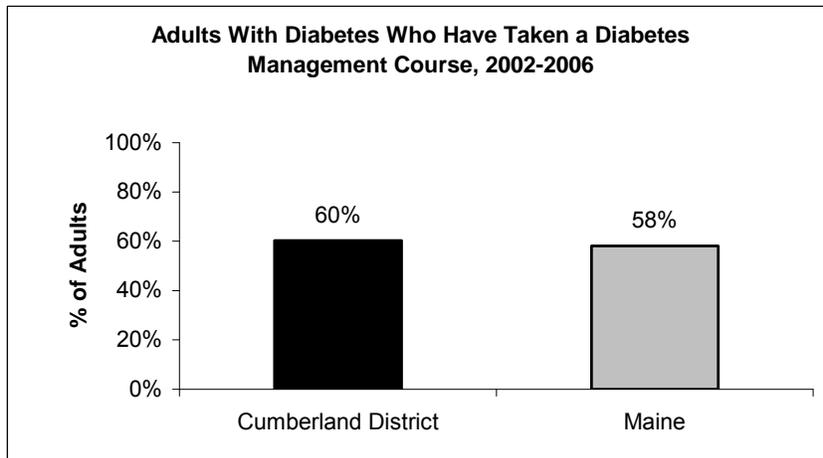
Diabetes

Diabetes mellitus, if left unidentified or managed poorly, can lead to problems that include urgent emergency department visits and hospitalizations, a higher risk of heart attack, blindness, kidney disease, or amputation. Many cases of diabetes are preventable or lead to a chronic condition that can be managed if adequate supports are available and used.

Many Mainers are currently at risk for or have diabetes but are unaware of it   Once diagnosed, diabetes is a challenging disease with which to live, and creates costs for families, employers, communities, and the State's health care safety net system.

For more information, contact the Maine Diabetes Prevention and Control Program at www.maine.gov/dhhs/bohdcfh/dcp/.

Adults with Diabetes, 2004-2006

Source: 2004-2006 BRFSS: Non-Gestational Diabetes Prevalence

Adults With Diabetes Who Have Taken a Diabetes Management Course, 2002-2006

Source: 2002-2006 BRFSS; among those with diabetes

	Cumberland District Number	Cumberland District Rate or Percent (± Margin of Error)	Maine State Rate or Percent (± Margin of Error)
Diabetes Mortality[1]	64 (avg. per year)	21.2 (±2.3) (per 100,000)	25.8 (±1.1) (per 100,000)
Diabetes Hospitalizations[2]	281	9.6 (±1.1) (per 10,000)	10.5 (±0.5) (per 10,000)
Non-Gestational Diabetes Prevalence (%) Among Adults[3]	N/A	6.0% (±1.2)	7.3% (±0.6)
Adults With Diabetes Who Have Taken a Diabetes Management Course[3]	N/A	60.3% (±8.2)	58.1% (±3.1)
Hemoglobin A1c Test at Least Once a Year[3]	N/A	93.1% (±4.3)	91.9% (±2.0)

1) Source: 2001-2005 Maine Office of Data, Research and Vital Statistics; (ICD)-10 codes E10–E14
2) Source: 2005 Maine Hospital Discharge Datasets, (ICD)-10 codes E10–E14; Age-adjusted to 2000 U.S. Standard Population
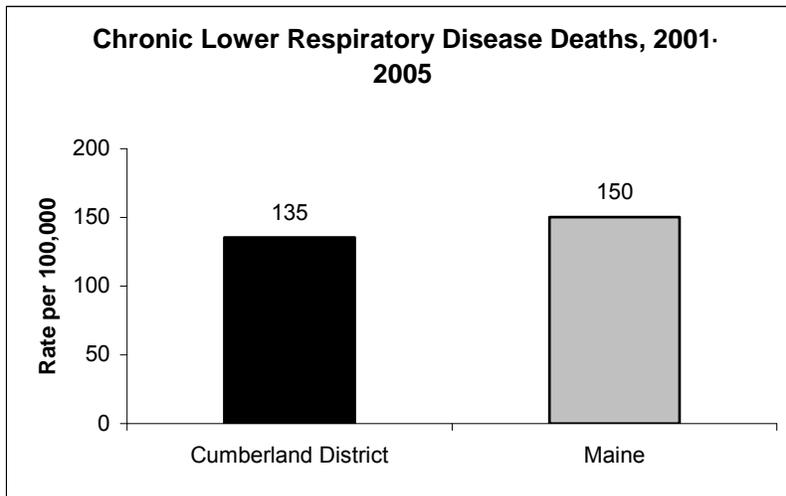3) Source: 2002-2006 BRFSS
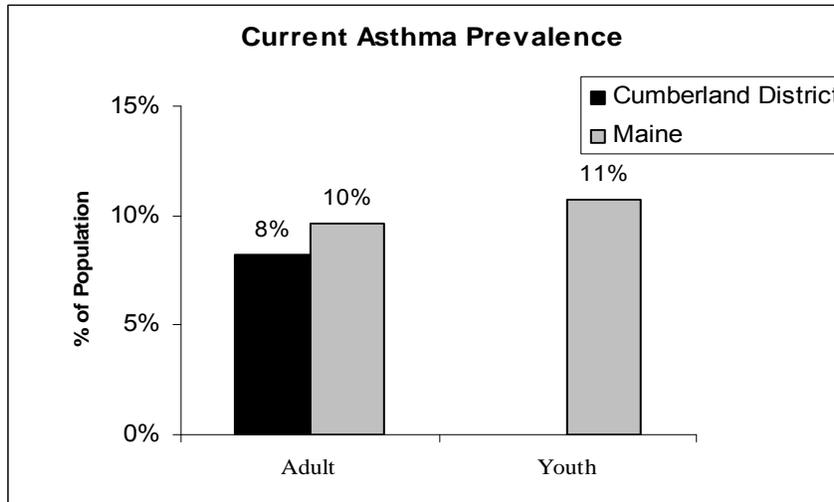
Respiratory Health

Chronic respiratory diseases include chronic obstructive pulmonary disease (COPD) and asthma, and affect approximately one in eight people in Maine. COPD is largely a result of tobacco smoke and primarily affects older adults. Asthma affects people of all ages and is increasing in Maine at a dramatic rate.

Data on chronic lower respiratory disease [includes COPD] and on asthma are collected through Maine vital records, hospital data, and state surveys.

Information on asthma can be found at Maine Asthma Control and Prevention Program at: www.maine.gov/dhhs/bohdcfh/mat/index.html and its links to its many state and local partners.

Chronic Lower Respiratory Disease Deaths, 2001·2005

Cumberland District: 135
Maine: 150

(Rate per 100,000)

Source: 2001-2005 Maine Office of Data, Research and Vital Statistics

Current Asthma Prevalence

- Cumberland District
- Maine

Adult — Cumberland District: 8%, Maine: 10%
Youth — Maine: 11%

(% of Population)

Source: 2006 BRFSS, 2003 NCHS
*District level data for youth not available from NCHS

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	Cumberland District Number	Cumberland District Rate or Percent (± Margin of Error)	Maine State Rate or Percent (± Margin of Error)
Chronic Lower Respiratory Disease Deaths Among Adults 45 and Older[1]	136.6 (avg. per year)	135.4 (± 10.1) (per 100,000)	150.2 (±4.6) (per 100,000)
Adult Asthma Prevalence[2]	N/A	8.2% (± 2.5)	9.6% (±1.2)
Child & Youth Asthma Prevalence (17 and Younger) [3]	N/A	N/A	10.7% (±1.5)
Asthma Emergency Department Visits[4]	1,345	51.6 (±1.7) (per 10,000)	66.1 (±1.4) (per 10,000)

1. Source: 2001-2005 Maine Office of Data, Research and Vital Statistics; ICD-10: J40-J47; Age-adjusted to 2000 U.S. standard population (45 and Older)
2. Source: 2006 BRFSS: % of adults with current asthma
3. Source: 2003 NCHS; Note: NCHS data not available at district level
4. Source: 2004 Maine Hospital Discharge Datasets; Age-adjusted to 2000 U.S. Standard Population