

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

INJURY AND VIOLENCE INDICATORS	DISTRICT								MAINE State ± Margin of Error	UNITED STATES	Bench- mark State (healthiest)
	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			
Motor Vehicle Traffic Crash Deaths (age-adjusted rate per 100,000 and average number per year) [2001-2005]	16.4 (±4.8) 12 avg/yr.	15.0 (±2.6) 26 avg/yr.	9.7 (±1.6) 27 avg/yr.	19.2 (±4.7) 17 avg/yr.	16.7 (±3.0) 25 avg/yr.	13.8 (±2.5) 23 avg/yr.	14.9 (±2.4) 30 avg/yr.	12.4 (±2.2) 24 avg/yr.	13.8 (±0.9) 185 avg/yr.	14.5 [2005]	MA 7.8 [2001-05]
Hip Fracture Hospitalizations Among 65+ Year Olds (rate per 100,000 and 5 yr. count) [2001-2005]	707.8 (±65.6) 447	762.7 (±49.0) 932	827.7 (±41.9) 1,497	754.5 (±63.8) 538	739.0 (±49.5) 856	780.6 (±51.6) 878	745.2 (±45.2) 1,044	649.4 (±43.1) 874	751.3 (±17.5) 7,066	778.4 [2003-05]	n/a
Reported Rapes (rate per 10,000 female population and average number per year) [2001-2005]	2.3 (± 0.5) 16 avg/yr.	5.7 (±0.7) 50 avg/yr.	3.4 (±0.3) 85 avg/yr.	2.3 (±0.6) 10 avg/yr.	3.0 (±0.5) 23 avg/yr.	3.1 (±0.5) 26 avg/yr.	7.7 (±0.8) 76 avg/yr.	3.0 (±0.4) 55 avg/yr.	2.8 (±0.1) 340 avg/yr.	n/a	n/a
Domestic Assaults Reported to the Police (rate per 10,000 population and count) [2005]	36.7 (± 4.4) 269	55.8 (± 3.5) 964	40.6 (±2.4) 1,115	22.7 (±3.2) 198	27.0 (±2.6) 411	26.7 (±3.6) 440	50.7 (±3.2) 986	53.2 (±3.2) 1,076	41.3 (± 1.1) 5,549	n/a	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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