

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

MATERNAL/CHILD HEALTH INDICATORS	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	MAINE State ± Margin of Error	UNITED STATES	Benchmark State (healthiest)
Infant Mortality (rate per 1,000 live births) [2001-2005]	6.1 (±2.6)	5.2 (±1.5)	5.2 (±1.2)	4.4 (±2.0)	5.3 (±1.6)	6.0 (±1.6)	6.0 (±1.5)	5.8 (±1.4)	5.5 (±0.5)	6.8 [2004]	UT 4.5 [2005]
Live Births with Low Birth Weight <2500 grams (percent of live births) [2006]	6.6 (±1.9)	6.5 (±1.1)	6.8 (±0.8)	6.0 (±1.5)	7.0 (±1.3)	7.3 (±1.2)	6.6 (±1.0)	7.4 (±1.2)	6.8 (±0.4)	8.2 [2005]	AK+OR+ WA 6.1 [2005]
Infants Born to Women Receiving First Trimester Prenatal Care (percent) [2006]	90.4 (±2.2)	80.9 (±1.8)	89.7 (±1.1)	86.3 (±2.2)	88.7 (±1.5)	85.3 (±1.7)	88.9 (±1.3)	88.3 (±1.4)	87.4 (±0.6)	83.9 [2005]	RI + MA 89.3 [2005]
Teen Births Ages 15-17 (rate per 1,000 female population) [2003-2005]	14.0 (±3.4)	13.7 (±2.2)	8.7 (±1.5)	9.2 (±2.5)	11.8 (±2.2)	11.4 (±2.1)	15.1 (±2.2)	7.5 (±1.5)	11.2 (±0.7)	21.4 [2005]	NH 7.0 [2005]

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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