

CUMBERLAND COUNTY HEALTH PROFILE

Maine Shared Community Health
Needs Assessment

2021



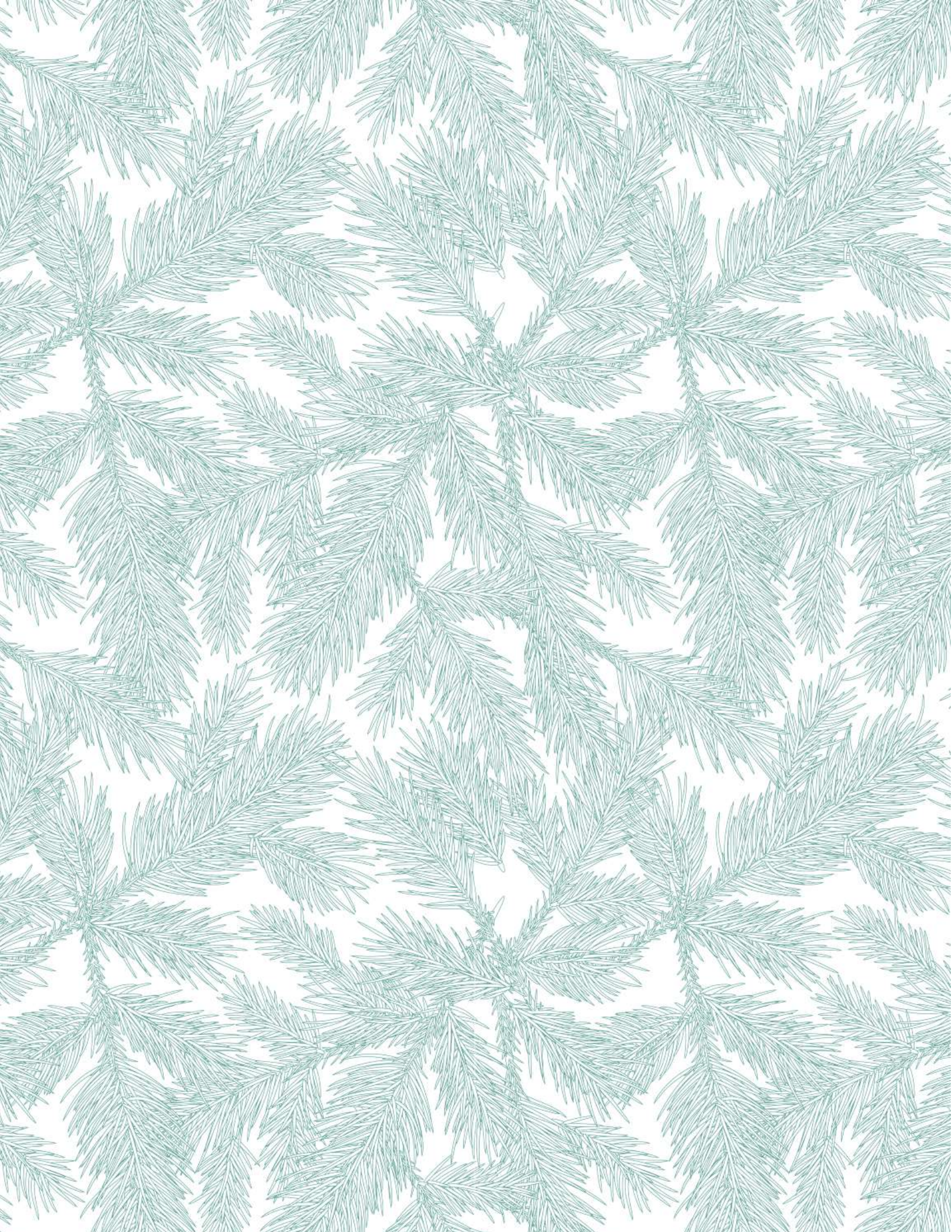


TABLE OF CONTENTS

Introduction	1	Respiratory Health	23
FAQ's 2021 Maine Shared CHNA	2	Physical Activity, Nutrition, and Weight	23
How to Read this Document	4	Pregnancy and Birth Outcomes	24
Demographics	6	Children with Special Health Care Needs	24
Past Maine Statewide Priorities	10	Older Adult Health	24
Key Indicators	14	Environmental Health	24
All Indicators	18	Immunization	25
Demographics	19	Infectious Disease	25
Social Determinants of Health	19	Unintentional Injury	26
General Health Status	20	Intentional Injury	26
Mortality	20	Mental Health	27
Access	20	Oral Health	27
Health Care Quality	20	Substance and Alcohol Use	27
Cancer	21	Tobacco Use	28
Cardiovascular Disease	22	Data Sources and Definitions	31
Diabetes	22	Acknowledgments	44

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 fourth Maine Shared CHNA and the third 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).

FAQ's 2021 Maine Shared CHNA Quantitative Data Set

How has COVID-19 affected our health?

As we emerge from the pandemic, the overall impact on health is becoming apparent, but not well measured in many of our standard data sources. For instance, drug overdose deaths have risen from 380 in 2019 to 504 in 2020. Over the first three months of 2021, there have been 152 confirmed drug deaths in Maine. The source for these data is Maine's Office of Chief Medical Examiner and are frequently updated. However, many of our sources for data are published up to a year or more after the data has been collected. In fact, as of 2021, many of our data were collected two or three years prior to the pandemic. Therefore, data on those who experience mental health conditions due to anxiety of getting infected by COVID-19, the isolation, job loss, and other stressors of managing day-to-day routines during a pandemic may not be evident in the currently available data. We do know many had to put off getting care for health conditions, such as treatment for cardiovascular disease or getting screened for cancers. We may well see the effects of the pandemic from exposure, deferred care, stress, and interruptions in education for years to come, but many of the impacts will not be evident in any data collected and reported even in 2021.

Why is there no COVID-19 infection and vaccination data in the Maine Shared CHNA data set?

The [COVID-19: Maine Data](#) dashboard provides comprehensive and up-to-date data, relieving the need to duplicate this data in the Maine Shared CHNA data set. Inclusion of COVID-19 data in future Health Profiles will be considered by the Metrics Committee in the next triennial MSCHNA cycle when there may be multiyear trend data.

What criteria do you use when choosing which data to include in the Maine Shared CHNA data?

The Metrics Committee is charged with creating and reviewing a common set of population/community health indicators and measures every three years. Previously, in 2016-2017, the Metrics Committee conducted an extensive review of the data using the following criteria as a guide: 1.] describes an emerging health issue; 2.] describes one or more social determinants of health; 3.] measures an issue that is actionable; 4.] the issue is known to have high health and social costs; 5.] rounds out our description of population health; 6.] aligns with national health assessments (i.e.: County Health Rankings, American Health Rankings, Healthy People); 7.] data is less than 2 years old; 8.] data was included in the previous data set; or 9.] the Maine CDC analyzes the indicator in a current program. The 2020 Metrics Committee reviewed the previous data set to check for changes in data sources, potential new sources of data to round out certain topics, and to deepen Social Determinants of Health data which many of our partners have included in their work.

What is new in the 2021 Maine Shared CHNA data set?

We've added the following population, condition, or health outcome data:

- 1.) Transgender youth
- 2.) Children eligible for free or reduced lunch
- 3.) Access to broadband
- 4.) Housing costs as a percentage of income
- 5.) Life expectancy
- 6.) Percentage of people living beyond 35 miles for usual source of care
- 7.) Lung cancer screening rate among eligible adults
- 8.) Lung cancer late-stage incidence
- 9.) HPV-associated cancer incidence

- 10.) Obesity-associated cancer incidence (excluding colon)
- 11.) Homes tested for radon
- 12.) Adult tooth loss
- 13.) Those under 21 covered by dental insurance
- 14.) Dental claims for those under 21
- 15.) Emergency department visits for tooth pain
- 16.) Preventive dental visits past year (adult)

The following indicators were retired:

- 1.) Children with mental health disorders – this data is not available at the county level.
- 2.) Dental visits in last year for those using MaineCare under the age of 18 was replaced by dental claims for those under 21 for all claims types (MaineCare and private pay).

The following indicators were renamed:

- 1.) Tobacco-related cancer deaths (excluding lung cancer) was renamed to Tobacco-related cancer deaths, excluding lung and bronchus.
- 2.) Tobacco-related cancer new cases was renamed to Tobacco-related cancer, excluding lung and bronchus.
- 3.) Chronic disease among people with mental illness was renamed to chronic disease among people with depression to more accurately reflect the data definition.

Why is the Behavior Risk Surveillance System's data from 2017?

As of July 1, 2021, the data collector is in the process of addressing anomalies discovered in the 2018 and

2019 data sets. Once these anomalies have been addressed, the data will be sent to the US CDC for review then sent back to Maine for final analysis. Once this process is complete, it is expected that the Maine Shared CHNA will publish the updated data in the [interactive data portal](#). There is no given timeframe for when this will happen.

How well do the quantitative data represent Maine's diversity?

Standard responses in the majority of our data sets follow Federal Reporting guidelines. Age options typically include Children 0-17, Adults 18-64, and Older Adults 65+. Ethnicity options often include Hispanic or Non-Hispanic. Standard race categories include White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native, or more than one race. Standard gender identity choices include only male, female, or transgender. Standard sexual orientation choices typically include lesbian, gay, heterosexual, bisexual, something else, or don't know. Language choice is often English or primary language other than English. These response options may not resonate with everyone. For an individual who identifies as, Sudanese, or gender fluid, or questioning their sexual orientation, there are no options for them to choose from.¹ Even with the data we do have, the numbers tend to be too small to have data disaggregated at the city or county level. The small sample sizes make the data unreliable or risk identifying respondents. So instead we report this data at the State level, which provides more reliable data analysis and (often) eliminates the need to suppress data to protect confidentiality.

¹ [NACHC-AAPCHO-Person-Centered-Language-Style-Guide-June2021.pdf](#)

HOW TO READ THIS DOCUMENT

This document provides over 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 2019 Maine Shared CHNA process.
- Key Indicators provide an overview of the health of each county and the state. These show a broad sample of health topics, including health behaviors, outcomes, and conditions.
- All Indicators compare county, state, and national level health data (where possible). The tables use symbols to show whether there are significant changes in each indicator over time and if local data is significantly better or worse than the state or the nation.

The data come from over 30 sources and represent the most recent data available as of June 2021. Data from several years is often combined to ensure there is enough data to draw conclusions. County comparisons are made in several ways: between two time periods, to the state, and to the U.S. The two time periods being compared can be found within the tables under columns marked, “Point 1” and “Point 2.” 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 whether there are important changes in each indicator over time, and to show if local data is notably better or worse than the state or the nation. See the box below for a key to the symbols:

CHANGE shows statistically significant changes in the indicator over time, based on 95% confidence interval (see description above).

- ★ means the health issue or problem is getting better over time.
- ! means the health issue or problem is getting worse over time.
- means the change was not statistically significant.
- N/A means there is not enough data to make a comparison.

BENCHMARK compares Cumberland data to state and national data, based on 95% confidence interval (see description above).

- ★ means Cumberland is doing significantly better than the state or national average.
- ! means Cumberland is doing significantly worse than the state or national average.
- means there is no statistically significant difference between the data points.
- 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.

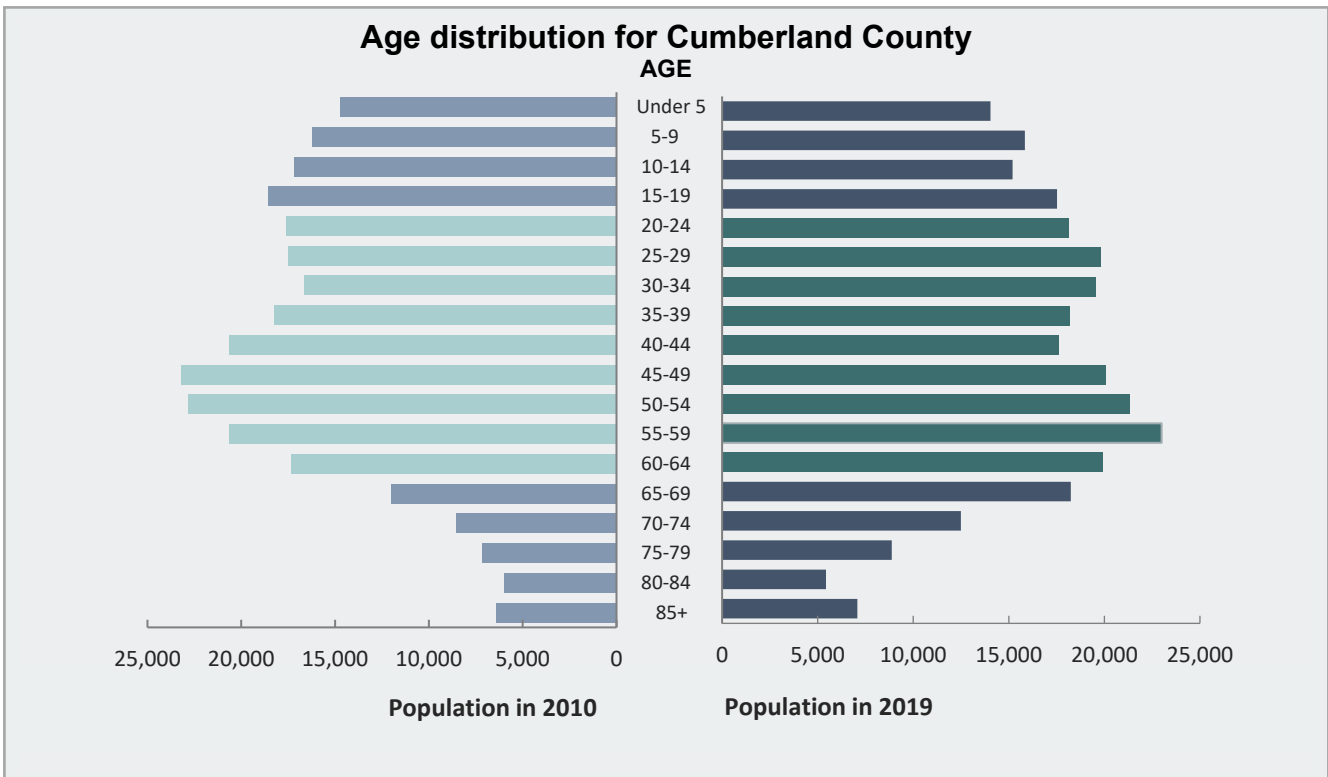
DEMOGRAPHICS

The following graphs and charts show information about the make-up of Cumberland County. The differences in age, education, and poverty are important to note since they affect a wide range of health risks and outcomes.

CUMBERLAND COUNTY POPULATION 286,246		CUMBERLAND	MAINE
	Median household income	\$73,072	\$58,924
	Unemployment rate	5.3%	5.4%
	Individuals living in poverty	9.0%	10.9%
	Children living in poverty	9.2%	13.8%
	65+ living alone	29.8%	29.9%

	CUMBERLAND COUNTY	
	PERCENT	NUMBER
American Indian/Alaskan Native	0.2%	578
Asian	2.2%	6,350
Black/African American	3.0%	8,863
Native Hawaiian or Pacific Islander	0%	34
Some other race	0.4%	1,091
Two or more races	2.5%	7,240
White	91.7%	268,151
Hispanic	2.1%	6,061
Non-Hispanic	97.9%	286,246

The chart below shows the shift in the age of the population between 2010 and 2015-2019. 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, for example.

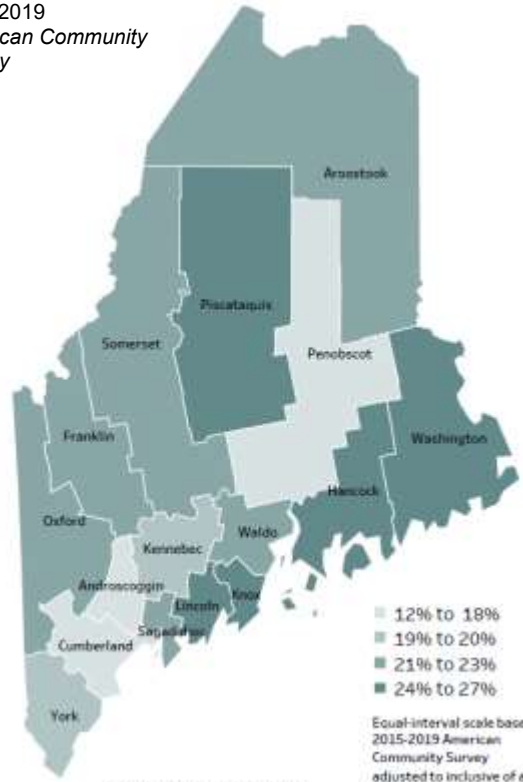


Percent of population over age 65
2010
U.S. Census



State of Maine: 16%

2015-2019
American Community Survey



State of Maine: 20%

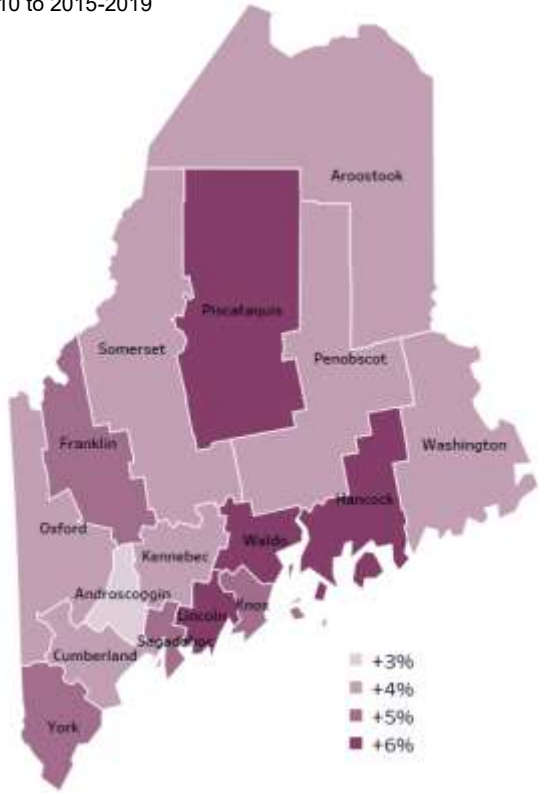
Equal-interval scale based on 2015-2019 American Community Survey adjusted to inclusive of all Census 2010 values

The maps on this page reflect a breakdown in the population by county 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 2010 as measured by the U.S. Census. The map on the top right shows the population over age 65 from years 2015 through 2019 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 had the largest proportion of people over age 65 in both 2010 (21%) and 2015-19 (27%).

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. Since 2010, Lincoln, Hancock, Waldo, and Piscataquis counties had the largest increase in the percentage of those over the age of 65.

Change in percent of population over age 65
2010 to 2015-2019

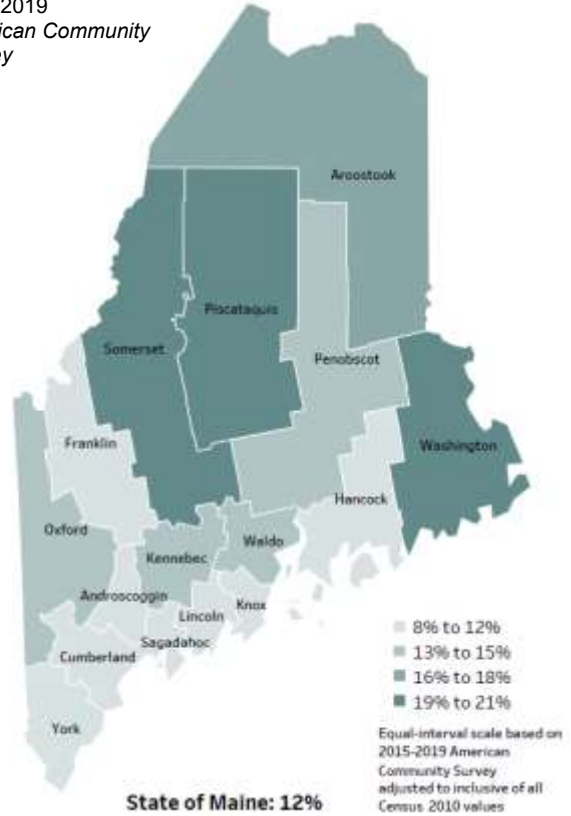


State of Maine: +4%

Percent of population in poverty
2010
American Community Survey



2015-2019
American Community Survey



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 2010 as measured by the American Community Survey. The map on the top right shows the population in poverty from years 2015-2019 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 2015-2019, Washington County is joined by Somerset and Piscataquis Counties with poverty levels of 19% or more.

The map to the right shows changes to the percentage of population in poverty between 2010 and 2019. The pink counties show increased poverty level. The green counties show decreased poverty level. The darker the shade, the greater the increase or decrease. Decreases in poverty level (green) are the preferred direction. Androscoggin, Franklin, and Knox show the greatest decreases in poverty rates.

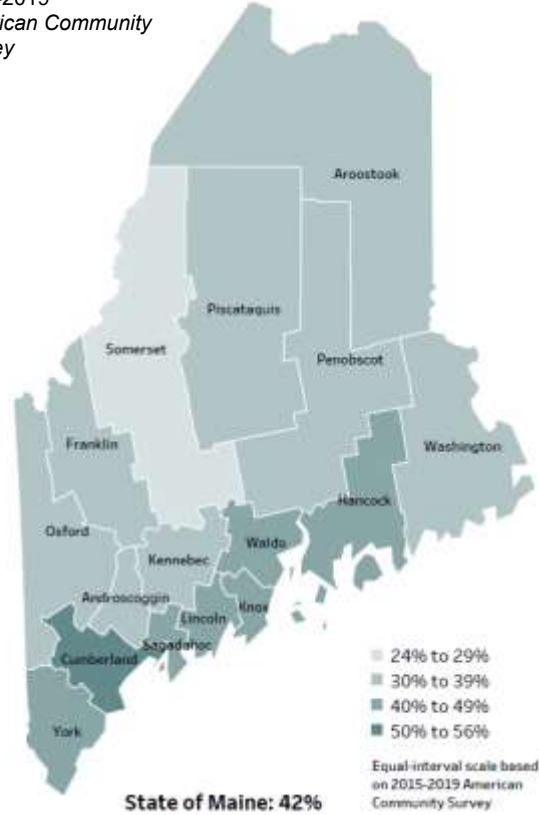
Change in percent of population in poverty
2010 to 2015-2019



Percent of population over age 25 with an associate's degree or higher
 2010
 American Community Survey



2015-2019
 American Community Survey



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 2010 as measured by the American Community Survey (ACS). The map on the top right shows the population over age 25 with an associate's degree or higher from years 2015-2019 as estimated by the ACS.

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 in both 2010 (49%) and 2015-2019 (56%).

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. Waldo and Sagadahoc counties show the largest increases of population over age 25 with an associate's degree or higher since 2010.

Change in percent of population over age 25 with an associate's degree or higher
 2010 to 2015-2019



PAST MAINE STATEWIDE PRIORITIES

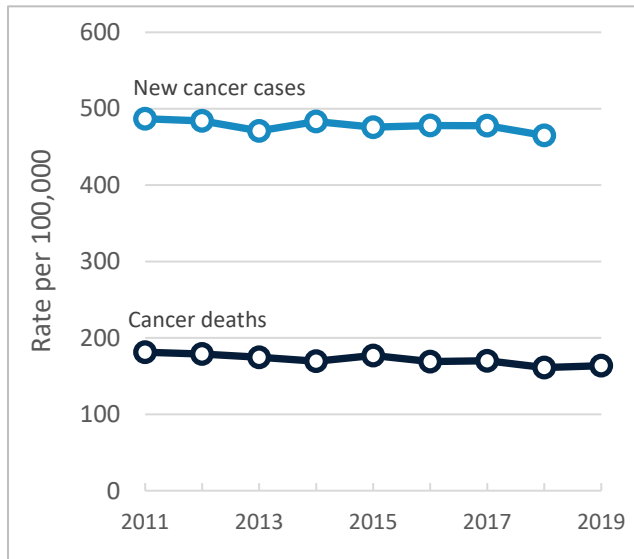
The following six topics have been priorities in Maine since 2016. They were addressed in one or more of the following planning documents based on the 2016 Maine Shared CHNA: the State Health Improvement Plan, District Public Health Improvement Plans, and/or Hospital Implementation Strategies.

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

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

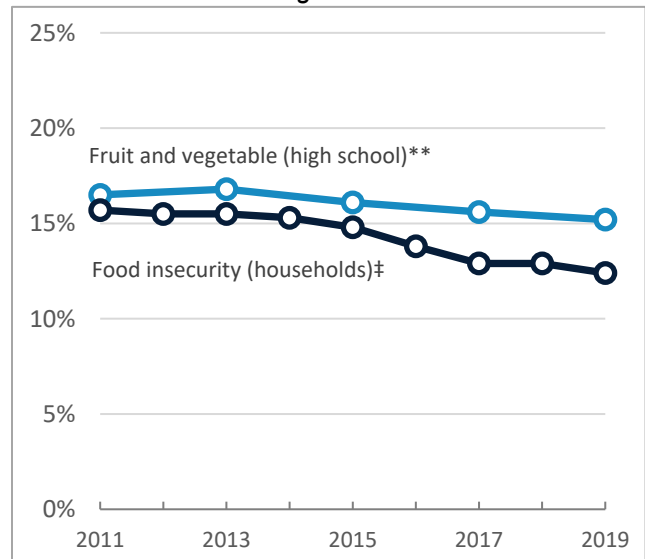
CANCER

New cancer cases and cancer deaths



NUTRITION

Nutrition indicators for high school students and households



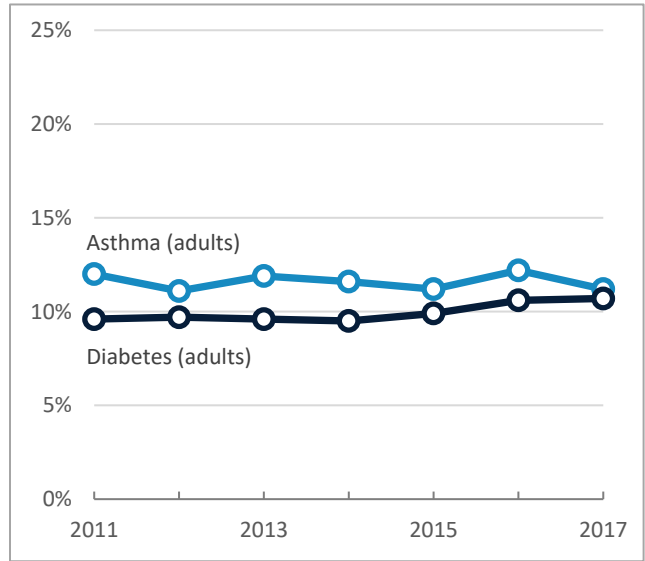
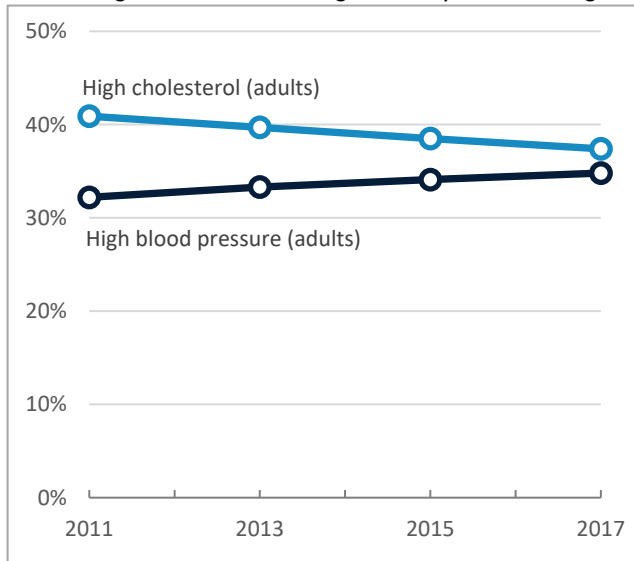
households

school students reporting five or more servings a day

‡ Households that lack access to nutritionally adequate food. ** High

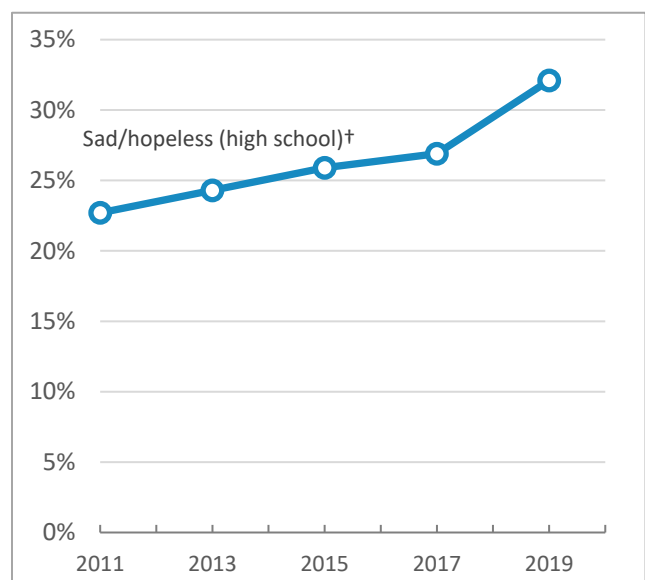
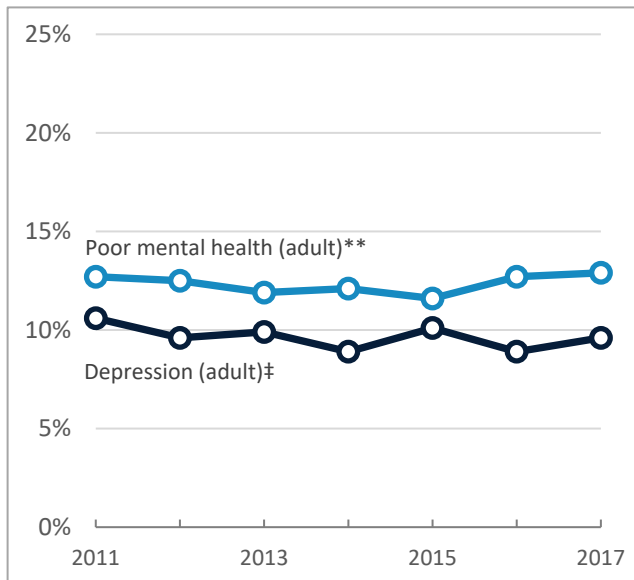
CHRONIC DISEASE

Percentage of adults with high blood pressure, high cholesterol, asthma, and diabetes



MENTAL HEALTH

Poor mental health and depression in adults, and percentage of high school students who felt sad/hopeless

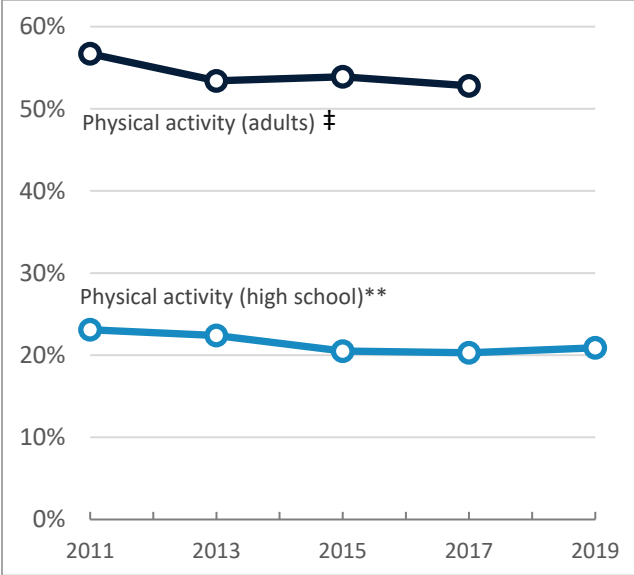
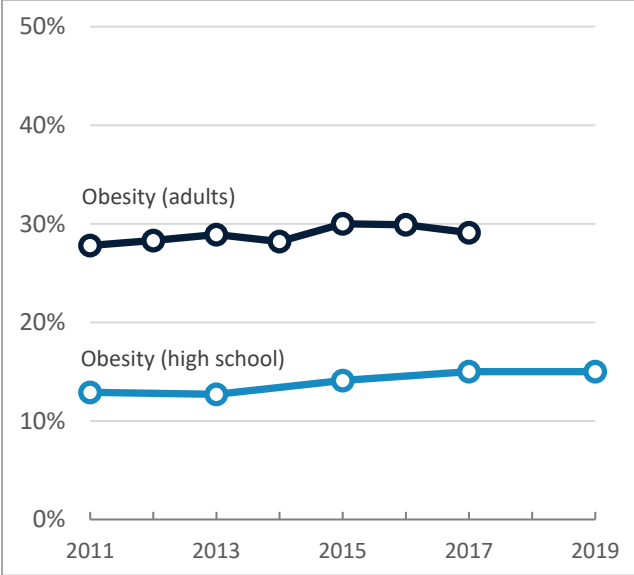


**14+ days lost due to poor mental health (adult)
‡ Current symptoms of depression (adult)

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

OBESITY AND PHYSICAL ACTIVITY

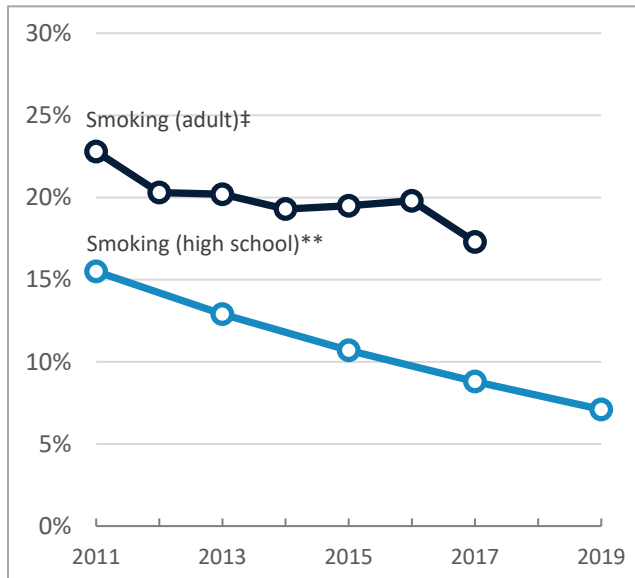
Physical activity and obesity levels for adults and high school students



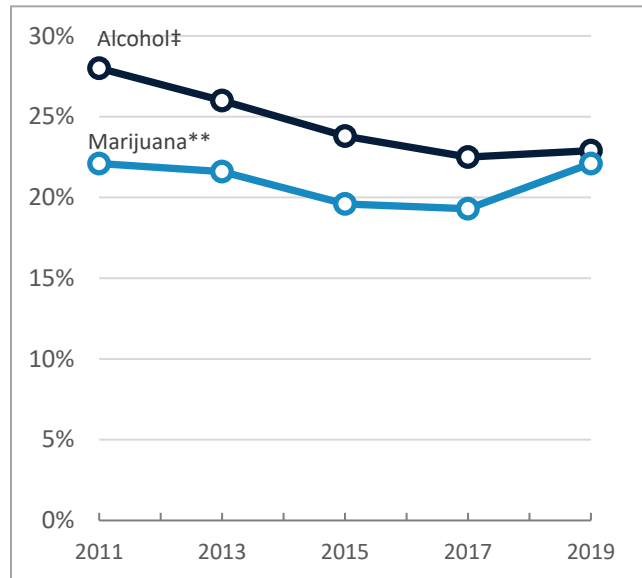
‡ Met aerobic physical activity recommendations (adults)
 ** Physical activity for at least 60 minutes per day on seven of the past seven days (high school)

SUBSTANCE USE, INCLUDING TOBACCO

Current cigarette smoking, high school alcohol and marijuana use

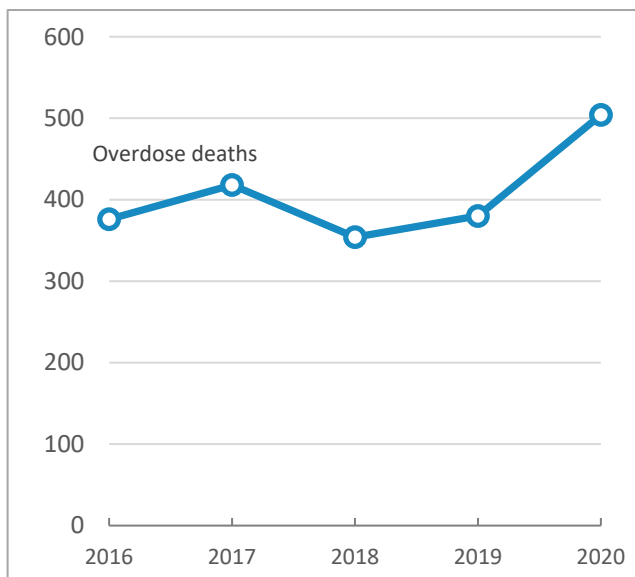


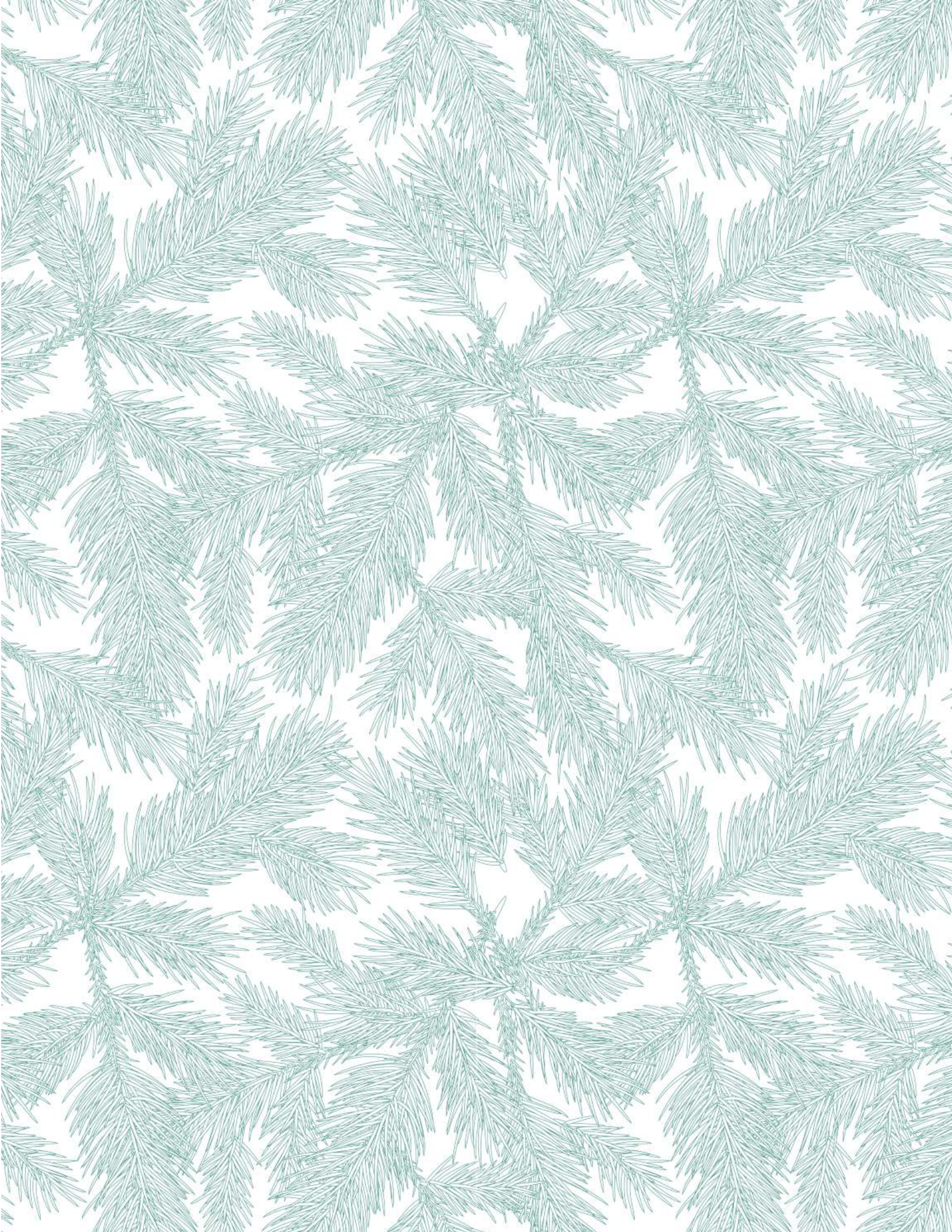
‡Adults who report cigarette smoking every day or some days
 **High school students who report past 30 day cigarette smoking



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

Overdose deaths





KEY INDICATORS

The Key Indicators provide an overview of the health of each county. 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 whether there are important changes in each indicator over time, and to show if local data is notably better or worse than the state or the nation. See the box below for a key to the symbols:

CHANGE shows statistically significant changes in the indicator over time, based on 95% confidence interval (see description on page 4).

★ means the health issue or problem is getting better over time.

! means the health issue or problem is getting worse over time.

○ means the change was not statistically significant.

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

BENCHMARK compares Cumberland data to state and national data, based on 95% confidence interval (see description on page 4).

★ means Cumberland is doing significantly better than the state or national average.

! means Cumberland is doing significantly worse than the state or national average.

○ means there is no statistically significant difference between the data points.

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.

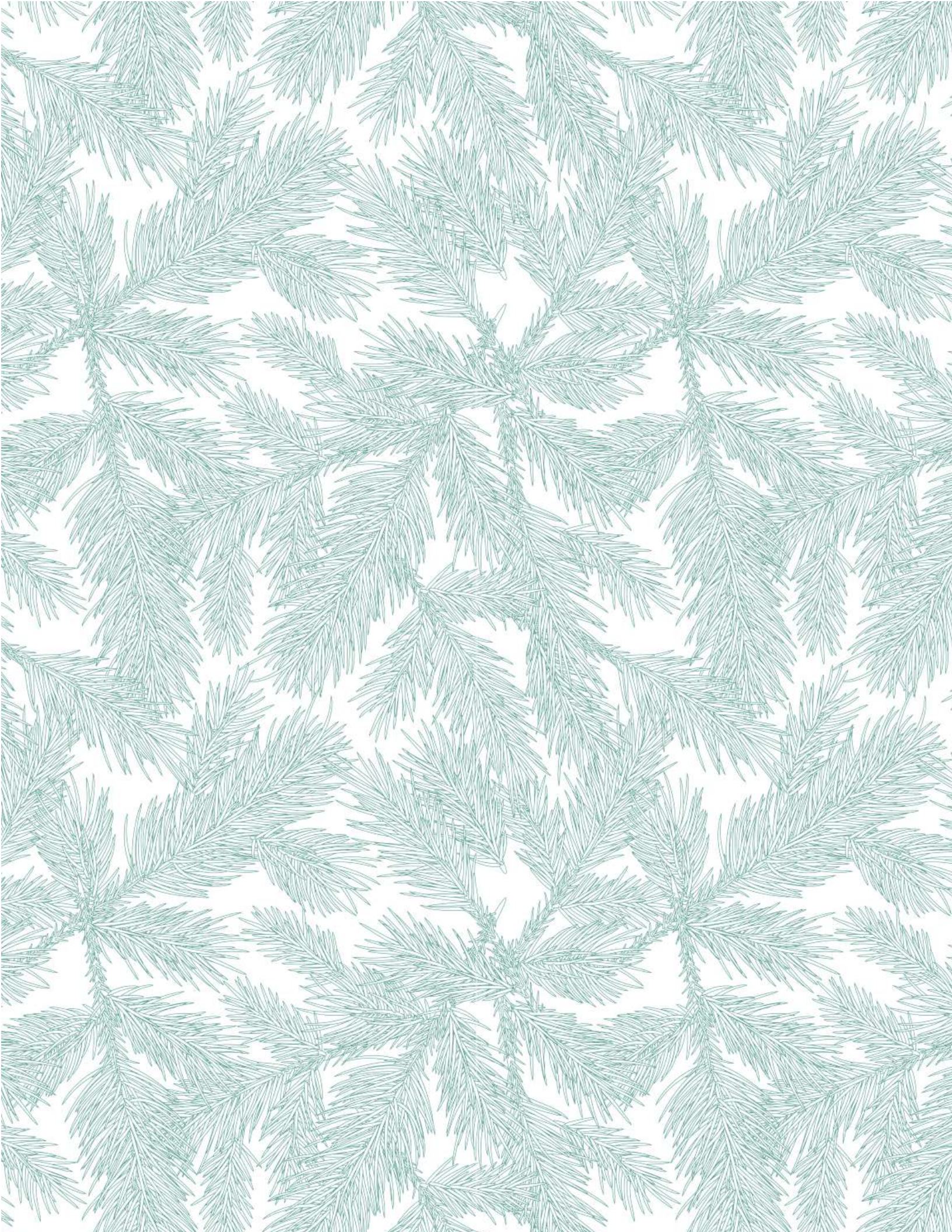
INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
SOCIAL DETERMINANTS OF HEALTH							
Children living in poverty	2018 8.0%	2019 9.2%	○	2019 13.8%	★	2019 16.8%	★
Median household income	2007-2011 \$57,267	2015-2019 \$73,072	★	2015-2019 \$57,918	★	2019 \$65,712	N/A
High school student graduation	2019 88.2%	2020 87.9%	N/A	2020 87.4%	N/A	2019 87.1%	N/A
Food insecurity	2016 13.0%	2019 10.1%	N/A	2019 12.4%	N/A	2016 12.9%	N/A
HEALTH OUTCOMES							
14 or more days lost due to poor physical health	2012-2014 9.3%	2015-2017 10.1%	○	2015-2017 12.8%	★	2017 12.3%	N/A
14 or more days lost due to poor mental health	2012-2014 10.5%	2015-2017 11.8%	○	2015-2017 12.4%	○	2017 12.4%	N/A
Rate of years of potential life lost per 100,000 population	2012-2014 5,075.9	2016-2018 5,625.8	○	2016-2018 7,009.9	★	2016-2018 6,900.0	N/A
All cancer deaths per 100,000 population	2007-2011 174.6	2015-2019 149.6	★	2015-2019 168.0	★	2019 146.2	N/A
Cardiovascular disease deaths per 100,000 population	2007-2011 173.9	2015-2019 169.2	○	2015-2019 193.9	★	2019 213.4	N/A
Diabetes	2011-2013 7.6%	2015-2017 9.5%	○	2015-2017 10.4%	○	2018 10.9%	N/A
Chronic obstructive pulmonary disease (COPD)	2011-2013 5.1%	2015-2017 6.2%	○	2015-2017 7.8%	○	2017 6.5%	N/A
Obesity (adults)	2016 27.0%	2017 20.9%	○	2017 29.1%	★	2017 31.3%	★
Obesity (high school students)	2017 11.9%	2019 10.8%	○	2019 15.0%	★	—	N/A
Obesity (middle school students)	2017 10.8%	2019 10.6%	○	2019 15.1%	★	—	N/A
Infant deaths per 1,000 live births	2010-2014 5.4	2015-2019 5.3	○	2015-2019 5.8	○	2019 5.6	N/A
Cognitive decline	2012 12.7%	2016 9.8%	○	2016 10.3%	○	2018 10.8%	N/A
Children with confirmed elevated blood lead levels (percentage among those screened)	2012-2016 3.1%	2015-2019 2.6%	○	2015-2019 2.2%	○	—	N/A
Lyme disease new cases per 100,000 population	2019 120.0	2020 60.3	N/A	2020 83.8	N/A	2019 10.7	N/A
Injury deaths per 100,000 population	2007-2011 51.3	2015-2019 71.6	!	2015-2019 83.9	★	2019 71.2	N/A
Suicide deaths per 100,000 population	2007-2011 12.6	2015-2019 12.5	○	2015-2019 17.7	★	2019 13.9	N/A
Overdose deaths per 100,000 population	2019 33.9	2020 32.5	○	2020 37.3	○	2019 21.5	N/A

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
HEALTHCARE ACCESS AND QUALITY							
Uninsured	2009-2011 9.1%	2015-2019 5.8%	★	2015-2019 7.9%	★	2019 9.2%	N/A
Ratio of population to primary care physicians	—	2019 1,018.0	N/A	2019 1,332.0	N/A	—	N/A
Ratio of population to psychiatrists	—	2019 5,419.0	N/A	2019 12,985.0	N/A	—	N/A
Ratio of population to practicing dentists	—	2019 1,880.0	N/A	2019 2,700.0	N/A	—	N/A
Ambulatory care-sensitive condition hospitalizations per 10,000 population	—	2016-2018 42.6	N/A	2016-2018 61.4	★	—	N/A
Two-year-olds up-to-date with recommended immunizations	2019 64.5%	2020 67.6%	N/A	2020 71.2%	N/A	—	N/A
HEALTH BEHAVIORS							
Sedentary lifestyle – no leisure-time physical activity in past month (adults)	2016 17.9%	2017 18.3%	○	2017 25.2%	★	2017 26.6%	★
Chronic heavy drinking (adults)	2012-2014 7.9%	2015-2017 9.9%	○	2015-2017 8.5%	○	2017 6.2%	N/A
Past-30-day alcohol use (high school students)	2017 24.1%	2019 24.1%	○	2019 22.9%	○	—	N/A
Past-30-day alcohol use (middle school students)	2017 3.1%	2019 3.4%	○	2019 4.0%	○	—	N/A
Past-30-day marijuana use (high school students)	2017 19.4%	2019 23.9%	!	2019 22.1%	○	—	N/A
Past-30-day marijuana use (middle school students)	2017 2.7%	2019 2.9%	○	2019 4.1%	★	—	N/A
Past-30-day misuse of prescription drugs (high school students)	2017 6.1%	2019 5.4%	○	2019 5.0%	○	—	N/A
Past-30-day misuse of prescription drugs (middle school students)	2017 1.4%	2019 2.7%	!	2019 3.0%	○	—	N/A
Current (every day or somedays) smoking (adults)	2016 13.9%	2017 11.4%	○	2017 17.3%	★	2017 17.1%	★
Past-30-day cigarette smoking (high school students)	2017 6.6%	2019 5.9%	○	2019 7.1%	○	—	N/A
Past-30-day cigarette smoking (middle school students)	2017 1.2%	2019 1.3%	○	2019 1.5%	○	—	N/A

Leading Causes of Death

The following chart compares the leading causes of death for the state of Maine and Cumberland County.

RANK	MAINE	CUMBERLAND COUNTY
1	Cancer	Cancer
2	Heart Disease	Heart Disease
3	Unintentional Injury	Unintentional Injury
4	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
5	Stroke	Alzheimer's Disease



ALL INDICATORS

The following table includes the complete list of the Maine Shared CHNA health data indicators.

Visit the Maine Shared CHNA website, www.mainechna.org, for more information on the health of Maine’s population by gender, race, ethnicity, education, sexual orientation, age, or insurance status. The website also includes an [interactive data portal](#) to explore the data with customized maps, trends and more.

The tables use symbols to show whether there are important changes in each indicator over time, and to show if local data is notably better or worse than the state or the nation. See the box below for a key to the symbols:

CHANGE shows statistically significant changes in the indicator over time, based on 95% confidence interval (see description on page 4).

- ★ means the health issue or problem is getting better over time.
- ! means the health issue or problem is getting worse over time.
- means the change was not statistically significant.
- N/A means there is not enough data to make a comparison.

BENCHMARK compares Cumberland data to state and national data, based on 95% confidence interval (see description on page 4).

- ★ means Cumberland is doing significantly better than the state or national average.
- ! means Cumberland is doing significantly worse than the state or national average.
- means there is no statistically significant difference between the data points.
- 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.

INDICATOR TOPICS

Demographics..... 19	Children with Special Health Care Needs..... 24
Social Determinants of Health 19	Older Adult Health 24
General Health Status 20	Environmental Health 24
Mortality 20	Immunization 25
Access 20	Infectious Disease 25
Health Care Quality 20	Unintentional Injury 26
Cancer 21	Intentional Injury 26
Cardiovascular Disease 22	Mental Health 27
Diabetes..... 22	Oral Health 27
Respiratory 23	Substance and Alcohol Use 27
Physical Activity, Nutrition, and Weight 23	Tobacco Use 28
Pregnancy and Birth Outcomes 24	

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
DEMOGRAPHICS							
Population numbers	2010-2014 284,351	2015-2019 286,246	N/A	2015-2019 1,335,492	N/A	2019 328M	N/A
Population (percent of total Maine population)	2010-2014 21.4%	2015-2019 21.9%	N/A	—	N/A	—	N/A
Veterans	2007-2011 10.4%	2015-2019 7.2%	N/A	2015-2019 9.6%	N/A	2019 6.9%	N/A
Gay, lesbian and bisexual (high school students)	2017 10.5%	2019 12.1%	N/A	2019 12.4%	N/A	—	N/A
Gay, lesbian and bisexual (adults)	—	2011-2015 & 2017 4.4%	N/A	2011-2015 & 2017 3.5%	N/A	—	N/A
Transgender youth (high school students)	—	2019 1.7%	N/A	2019 1.6%	N/A	—	N/A
Persons with a disability	2009-2011 11.7%	2015-2019 11.4%	○	2015-2019 16.0%	★	2019 12.7%	N/A
SOCIAL DETERMINANTS OF HEALTH							
Individuals living in poverty	2009-2011 10.7%	2015-2019 9.0%	★	2015-2019 11.8%	★	2019 12.3%	N/A
Children living in poverty	2018 8.0%	2019 9.2%	○	2019 13.8%	★	2019 16.8%	★
Children eligible for free or reduced lunch	2020 31.8%	2021 26.3%	N/A	2021 38.2%	N/A	2017 15.6%	N/A
Median household income	2007-2011 \$57,267	2015-2019 \$73,072	★	2015-2019 \$57,918	★	2019 \$65,712	N/A
Unemployment	2018 2.7%	2020 5.3%	N/A	2020 5.4%	N/A	2020 8.1%	N/A
High school student graduation	2019 88.2%	2020 87.9%	N/A	2020 87.4%	N/A	2019 87.1%	N/A
People living in rural areas	—	2019 33.3%	N/A	2019 66.2%	N/A	—	N/A
Access to broadband	2015 99.2%	2017 99.4%	N/A	2017 88.6%	N/A	2017 90.4%	N/A
No vehicle for the household	2007-2011 2.5%	2015-2019 2.4%	○	2015-2019 2.1%	○	2019 4.3%	N/A
Persons 65 years and older living alone	2011-2015 30.9%	2015-2019 29.8%	N/A	2015-2019 29.0%	N/A	2019 26.6%	N/A
Households that spend more than 50% of income toward housing	—	2015-2019 12.8%	N/A	2015-2019 12.0%	○	—	N/A
Housing insecure (high school students)	2017 2.7%	2019 2.8%	○	2019 3.3%	○	—	N/A
Adverse childhood experiences (high school students)	—	2019 17.6%	N/A	2019 21.3%	★	—	N/A
Associate's degree or higher among those age 25 and older	2007-2011 48.8%	2015-2019 56.3%	N/A	2015-2019 41.9%	N/A	2019 41.7%	N/A
Commute of greater than 30 minutes driving alone	—	2015-2019 31.4%	N/A	2015-2019 32.9%	N/A	2019 37.9%	N/A

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
GENERAL HEALTH STATUS							
Fair or poor health (self-rated)	2011-2013 11.5%	2015-2017 10.0%	○	2015-2017 16.2%	★	2018 17.3%	N/A
14 or more days lost due to poor physical health	2012-2014 9.3%	2015-2017 10.1%	○	2015-2017 12.8%	★	2017 12.3%	N/A
14 or more days lost due to poor mental health	2012-2014 10.5%	2015-2017 11.8%	○	2015-2017 12.4%	○	2017 12.4%	N/A
Three or more chronic conditions	2012-2014 10.5%	2015-2017 12.8%	○	2015-2017 15.6%	★	—	N/A
OVERALL MORTALITY							
Overall death rate per 100,000 population	2007-2011 696.0	2015-2019 692.1	○	2015-2019 764.9	★	2019 715.2	N/A
Rate of years of potential life lost per 100,000 population	2012-2014 5,075.9	2016-2018 5,625.8	○	2016-2018 7,009.9	★	2016-2018 6,900.0	N/A
Life expectancy	—	2017-2019 80.2	N/A	2017-2019 78.7	★	2018 78.7	N/A
ACCESS							
Uninsured	2009-2011 9.1%	2015-2019 5.8%	★	2015-2019 7.9%	★	2019 9.2%	N/A
MaineCare enrollment (all ages)	2019 17.5%	2020 20.9%	N/A	2020 29.1%	N/A	2020 24.1%	N/A
MaineCare enrollment (ages 0-19)	2019 27.7%	2020 31.5%	N/A	2020 43.8%	N/A	—	N/A
Ratio of population to primary care physicians	—	2019 1,018.0	N/A	2019 1,332.0	N/A	—	N/A
Usual primary care provider (adults)	2012-2014 89.6%	2015-2017 89.5%	○	2015-2017 87.9%	○	2017 76.8%	N/A
Primary care visit to any primary care provider in the past year	2012-2014 72.5%	2015-2017 73.0%	○	2015-2017 72.0%	○	2017 70.4%	N/A
Cost barriers to health care	2011-2013 9.5%	2015-2017 9.1%	○	2015-2017 10.6%	○	2016 12.0%	N/A
Primary care visits that were more than 30 miles from the patient's home	—	2019 12.8%	N/A	2019 20.0%	N/A	—	N/A
HEALTH CARE QUALITY							
Ambulatory care-sensitive condition hospitalizations per 10,000 population	—	2016-2018 42.6	N/A	2016-2018 61.4	★	—	N/A
Ambulatory care-sensitive condition emergency department rate per 10,000 population	—	2016-2018 191.0	N/A	2016-2018 282.5	★	—	N/A
Hospital readmissions within 30 days of discharge (medical)	2015 12.4%	2017 12.7%	○	2017 14.3%	○	2017 15.1%	N/A
Hospital readmissions within 30 days of discharge (surgical)	2015 9.4%	2017 10.8%	○	2017 10.8%	○	2017 10.8%	N/A

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
CANCER							
All cancer deaths per 100,000 population	2007-2011 174.6	2015-2019 149.6	★	2015-2019 168.0	★	2019 146.2	N/A
Colorectal cancer deaths per 100,000 population	2007-2011 15.3	2015-2019 11.4	★	2015-2019 13.1	○	2019 12.8	N/A
Female breast cancer deaths per 100,000 population	2007-2011 19.7	2015-2019 17.3	○	2015-2019 18.1	○	2019 19.4	N/A
Lung cancer deaths per 100,000 population	2007-2011 50.5	2015-2019 37.7	★	2015-2019 45.5	★	2019 33.4	N/A
Prostate cancer deaths per 100,000 population	2007-2011 23.3	2015-2019 16.0	★	2015-2019 19.3	○	2019 18.3	N/A
Tobacco-related cancer deaths per 100,000 population	2007-2011 51.2	2015-2019 47.5	○	2015-2019 52.0	○	2019 46.3	N/A
All cancer new cases per 100,000 population	2013-2015 464.3	2016-2018 449.8	○	2016-2018 473.3	★	2017 437.9	N/A
Bladder cancer new cases per 100,000 population	2013-2015 24.8	2016-2018 23.5	○	2016-2018 26.6	○	2017 19.0	N/A
Colorectal cancer new cases per 100,000 population	2013-2015 34.9	2016-2018 31.9	○	2016-2018 36.3	○	2017 36.9	N/A
Colorectal late-stage new cases per 100,000 population	2013-2015 20.5	2016-2018 18.0	○	2016-2018 20.3	○	2017 21.5	N/A
Female breast cancer new cases per 100,000 population	2013-2015 136.7	2016-2018 138.5	○	2016-2018 126.5	○	2017 125.1	N/A
Female breast cancer late-stage new cases per 100,000 population	2013-2015 36.8	2016-2018 40.7	○	2016-2018 38.9	○	2017 40.4	N/A
Lung cancer new cases per 100,000 population	2013-2015 63.6	2016-2018 57.8	○	2016-2018 70.8	★	2017 55.3	N/A
Lung cancer late-stage incidence per 100,000 population	2013-2015 45.5	2016-2018 40.8	○	2016-2018 48.3	★	2017 36.7	N/A
Melanoma skin cancer new cases per 100,000 population	2013-2015 33.1	2016-2018 30.3	○	2016-2018 27.3	○	2017 22.6	N/A
Prostate cancer new cases per 100,000 population	2013-2015 92.8	2016-2018 88.2	○	2016-2018 93.8	○	2017 106.4	N/A
Tobacco-related cancer (excluding lung cancer) new cases per 100,000 population	2013-2015 126.0	2016-2018 121.1	○	2016-2018 134.3	★	2017 125.8	N/A
HPV-associated cancer new cases per 100,000 population	2013-2015 13.5	2016-2018 12.6	○	2016-2018 13.3	○	2017 12.3	N/A
Obesity-associated cancer (excluding colon cancer) new cases per 100,000 population	2013-2015 138.5	2016-2018 130.5	○	2016-2018 132.5	○	2017 131.1	N/A
Breast cancer screening up-to-date	—	2014 & 2016 84.6%	N/A	2014 & 2016 81.9%	○	2016 77.3%	N/A
Colorectal cancer screening up-to-date	—	2014 & 2016 78.9%	N/A	2014 & 2016 74.9%	★	2016 67.5%	N/A
Cervical cancer screening up-to-date	—	2014 & 2016 83.9%	N/A	2014 & 2016 83.3%	○	2016 79.8%	N/A

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
CARDIOVASCULAR DISEASE							
High Blood Pressure	2011 & 2013 29.7%	2015 & 2017 31.4%	○	2015 & 2017 34.5%	○	2017 32.2%	N/A
High cholesterol	2011 & 2013 36.7%	2015 & 2017 36.7%	○	2015 & 2017 37.9%	○	2017 33.0%	N/A
Cardiovascular disease deaths per 100,000 population	2007-2011 173.9	2015-2019 169.2	○	2015-2019 193.9	★	2019 213.4	N/A
Coronary heart disease deaths per 100,000 population	2007-2011 72.1	2015-2019 60.4	★	2015-2019 79.0	★	2019 88.0	N/A
Heart attack deaths per 100,000 population	2007-2011 21.3	2015-2019 19.0	○	2015-2019 25.4	★	2019 25.5	N/A
Stroke deaths per 100,000 population	2007-2011 30.6	2015-2019 30.4	○	2015-2019 33.9	○	2019 37.0	N/A
Heart attack hospitalizations per 10,000 population	—	2016-2018 14.8	N/A	2016-2018 22.5	★	—	N/A
Heart failure hospitalizations per 10,000 population	—	2016-2018 9.2	N/A	2016-2018 11.2	★	—	N/A
High blood pressure hospitalizations per 10,000 population	—	2016-2018 12.1	N/A	2016-2018 13.8	★	—	N/A
Stroke hospitalizations per 10,000 population	—	2016-2018 19.2	N/A	2016-2018 21.2	★	—	N/A
Cholesterol checked in past five years	—	2015 & 2017 84.9%	N/A	2015 & 2017 83.3%	○	2017 85.9%	N/A
DIABETES							
Diabetes	2011-2013 7.6%	2015-2017 9.5%	○	2015-2017 10.4%	○	2018 10.9%	N/A
Prediabetes	2011-2013 6.9%	2015-2017 7.1%	○	2015-2017 8.2%	○	—	N/A
Diabetes deaths (underlying cause) per 100,000 population	2007-2011 16.7	2015-2019 17.5	○	2015-2019 22.5	★	2019 21.6	N/A
Diabetes hospitalizations (principal diagnosis) per 10,000 population	—	2016-2018 9.6	N/A	2016-2018 12.7	★	—	N/A
Diabetes emergency department rate (principal diagnosis) per 10,000 population	—	2016-2018 24.3	N/A	2016-2018 31.2	★	—	N/A
A1c test at least twice/year (adults with diabetes)	—	2011-2017 79.0%	N/A	2011-2017 77.5%	○	2017 75.7%	N/A
Formal diabetes education (adults with diabetes)	—	2011-2017 59.7%	N/A	2011-2017 59.1%	○	2017 53.6%	N/A
Foot exam annually (adults with diabetes)	—	2011-2017 87.5%	N/A	2011-2017 83.9%	○	2017 76.6%	N/A
Dilated eye exam annually (adults with diabetes)	—	2011-2017 73.2%	N/A	2011-2017 70.4%	○	2017 69.5%	N/A

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
RESPIRATORY HEALTH							
Current asthma (adults)	2011-2013 10.8%	2015-2017 9.9%	○	2015-2017 11.7%	○	2017 9.4%	N/A
Current asthma (youth ages 0-17)	—	2011-2017 9.2%	N/A	2011-2017 8.9%	○	2017 7.9%	N/A
Chronic lower respiratory disease deaths per 100,000 population	2007-2011 39.4	2015-2019 37.7	○	2015-2019 48.6	★	2019 38.2	N/A
Asthma emergency department rate per 10,000 population	—	2016-2018 34.0	N/A	2016-2018 42.5	★	—	N/A
Chronic obstructive pulmonary disease (COPD)	2011-2013 5.1%	2015-2017 6.2%	○	2015-2017 7.8%	○	2017 6.5%	N/A
Chronic obstructive pulmonary disease hospitalizations per 10,000 population	—	2016-2018 9.2	N/A	2016-2018 16.7	★	—	N/A
Pneumonia hospitalizations per 10,000 population	—	2016-2018 11.1	N/A	2016-2018 19.1	★	—	N/A
PHYSICAL ACTIVITY, NUTRITION AND WEIGHT							
Obesity (adults)	2016 27.0%	2017 20.9%	○	2017 29.1%	★	2017 31.3%	★
Overweight (adults)	2016 36.0%	2017 37.2%	○	2017 35.9%	○	2017 35.3%	○
Obesity (high school students)	2017 11.9%	2019 10.8%	○	2019 15.0%	★	—	N/A
Obesity (middle school students)	2017 10.8%	2019 10.6%	○	2019 15.1%	★	—	N/A
Overweight (high school students)	2017 15.4%	2019 14.8%	○	2019 16.3%	○	—	N/A
Overweight (middle school students)	2017 14.8%	2019 15.1%	○	2019 17.3%	○	—	N/A
Sedentary lifestyle – no leisure-time physical activity in past month (adults)	2016 17.9%	2017 18.3%	○	2017 25.2%	★	2017 26.6%	★
Met aerobic physical activity recommendations (adults)	2013 57.8%	2015 & 2017 60.9%	○	2015 & 2017 53.4%	★	2017 50.6%	N/A
Met physical activity recommendations (high school students)	2017 19.8%	2019 20.0%	○	2019 20.9%	○	—	N/A
Met physical activity recommendations (middle school students)	2017 23.5%	2019 25.1%	○	2019 25.5%	○	—	N/A
Fewer than two hours combined screen time (high school students)	2017 35.2%	2019 37.1%	○	2019 33.9%	○	—	N/A
Fewer than two hours combined screen time (middle school students)	2017 33.2%	2019 33.6%	○	2019 28.2%	○	—	N/A
Fruit consumption (adults reporting less than one serving per day)	—	2017 26.6%	N/A	2017 31.4%	○	2017 36.0%	★
Vegetable consumption (adults reporting less than one serving per day)	—	2017 10.0%	N/A	2017 12.4%	○	2017 19.0%	★
Fruit and vegetable consumption (high school students reporting 5 or more a day)	2017 18.1%	2019 18.4%	○	2019 15.2%	○	—	N/A
Fruit and vegetable consumption (middle school students reporting 5 or more a day)	2017 23.5%	2019 24.3%	○	2019 20.9%	★	—	N/A

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
PHYSICAL ACTIVITY, NUTRITION AND WEIGHT (CONTINUED)							
Soda/sports drink consumption (high school students reporting 1 or more a day)	2017 17.3%	2019 15.9%	○	2019 19.6%	★	—	N/A
Soda/sports drink consumption (middle school students reporting 1 or more a day)	2017 13.2%	2019 12.1%	○	2019 17.7%	★	—	N/A
Food insecurity	2016 13.0%	2019 10.1%	N/A	2019 12.4%	N/A	2016 12.9%	N/A
Food insecurity (youth)	2016 17.2%	2019 13.6%	N/A	2019 18.1%	N/A	2016 17.5%	N/A
PREGNANCY AND BIRTH OUTCOMES							
Infant deaths per 1,000 live births	2010-2014 5.4	2015-2019 5.3	○	2015-2019 5.8	○	2019 5.6	N/A
Low birth weight (<2500 grams)	2016-2017 6.4%	2018-2019 6.5%	○	2018-2019 7.3%	○	2019 8.3%	N/A
Pre-term live births	2016-2017 7.5%	2018-2019 8.3%	○	2018-2019 8.8%	○	2019 10.2%	N/A
Births to 15-19 year olds per 1,000 population	2016-2017 6.3	2018-2019 4.9	○	2018-2019 10.0	★	2019 16.7	N/A
Unintended births	2012-2015 18.2%	2016-2019 18.2%	○	2016-2019 20.6%	○	—	N/A
Births for which the mother received more than 80% of expected prenatal visits	2016-2017 79.5%	2018-2019 85.4%	★	2018-2019 82.7%	★	—	N/A
Smoked during pregnancy	2016-2017 6.5%	2018-2019 4.5%	★	2018-2019 11.9%	★	2019 6.0%	N/A
Drank alcohol during pregnancy	2004-2011 11.6%	2012-2019 15.0%	○	2012-2019 8.8%	!	2015 8.0%	N/A
Infants who are ever breast fed	2016-2017 90.8%	2018-2019 95.9%	★	2018-2019 89.3%	★	2019 83.6%	N/A
C-sections among low-risk first births	2016-2017 23.5%	2018-2019 25.2%	○	2018-2019 25.2%	○	2019 25.6%	N/A
CHILDREN WITH SPECIAL HEALTH CARE NEEDS							
Developmental screening for MaineCare members	2019 25.4%	2020 20.4%	N/A	2020 16.6%	N/A	—	N/A
OLDER ADULT HEALTH							
Cognitive decline	2012 12.7%	2016 9.8%	○	2016 10.3%	○	2018 10.8%	N/A
Arthritis	2012-2014 27.6%	2015-2017 28.0%	○	2015-2017 32.0%	★	2017 24.9%	N/A
Caregiving at least 20 hours per week	—	2015 & 2017 3.6%*	N/A	2015 & 2017 4.8%	○	—	N/A
ENVIRONMENTAL HEALTH							
Homes with private wells tested for arsenic	2012 & 2014 54.1%	2015-2017 61.7%	○	2015-2017 53.2%	★	—	N/A
Homes tested for radon	2014-2015 44.1%	2016-2017 49.2%	○	2017 37.0%	N/A	—	N/A

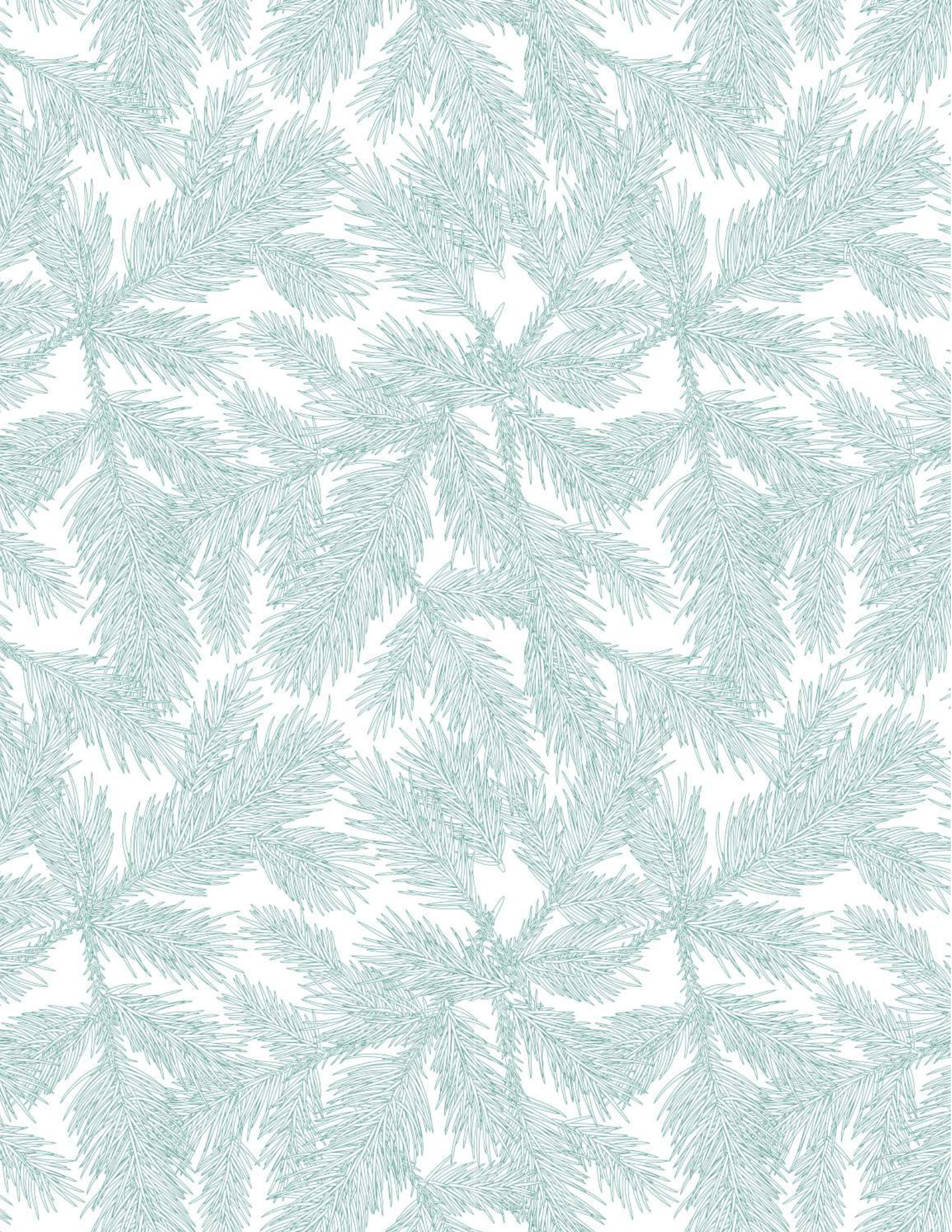
INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
ENVIRONMENTAL HEALTH (CONTINUED)							
Children with confirmed elevated blood lead levels (percentage among those screened)	2012-2016 3.1%	2015-2019 2.6%	○	2015-2019 2.2%	○	—	N/A
Children with unconfirmed elevated blood lead levels (percentage among those screened)	2012-2016 1.6%	2015-2019 0.9%	★	2015-2019 1.6%	★	—	N/A
Lead screening among children (ages 12-23 months)	2018 41.1%	2019 54.5%	★	2019 60.3%	!	—	N/A
Lead screening among children (ages 24-35 months)	2018 19.5%	2019 27.4%	★	2019 36.7%	!	—	N/A
IMMUNIZATIONS							
Two-year-olds up-to-date with recommended immunizations	2019 64.5%	2020 67.6%	N/A	2020 71.2%	N/A	—	N/A
Influenza vaccination in the past year (adults)	2012-2014 44.7%	2015-2017 48.1%	○	2015-2017 43.1%	★	2017 40.2%	N/A
Pneumococcal pneumonia vaccination (adults ages 65+)	2012-2014 75.3%	2015-2017 81.7%	★	2015-2017 78.0%	○	2017 74.7%	N/A
Immunization exemptions among kindergarteners for philosophical reasons	2018 4.2%	2019 4.1%	N/A	2019 4.9%	N/A	—	N/A
13 year-olds with up-to-date HPV Immunization	—	2020 35.9%	N/A	2020 36.0%	N/A	—	N/A
13 year-olds with up-to-date MCV4 Immunization	—	2020 81.8%	N/A	2020 84.3%	N/A	—	N/A
13 year-olds with up-to-date Tdap Immunization	—	2020 83.4%	N/A	2020 85.1%	N/A	—	N/A
INFECTIOUS DISEASE							
Gastrointestinal disease new cases per 100,000 population	2019 37.3	2020 29.2	N/A	2020 33.5	N/A	2019 45.2	N/A
Hepatitis A (acute) new cases per 100,000 population	2019 1.7	2020 1.0	N/A	2020 10.8	N/A	2019 5.7	N/A
Hepatitis B (acute) new cases per 100,000 population	2019 4.1	2020 5.1	N/A	2020 3.0	N/A	2019 1.1	N/A
Hepatitis B (chronic) new cases per 100,000 population	2019 23.4	2020 17.3	N/A	2020 9.2	N/A	2019 5.9	N/A
Hepatitis C (acute) new cases per 100,000 population	2019 3.4	2020 15.6	N/A	2020 15.3	N/A	2019 1.7	N/A
Hepatitis C (chronic) new cases per 100,000 population	2019 172.9	2020 112.5	N/A	2020 105.3	N/A	2019 56.7	N/A
Lyme disease new cases per 100,000 population	2019 120.0	2020 60.3	N/A	2020 83.8	N/A	2019 10.7	N/A
Pertussis new cases per 100,000 population	2019 32.5	2020 3.4	N/A	2020 2.2	N/A	2019 5.7	N/A
Tuberculosis new cases per 100,000 population	2019 3.7	2020 3.4	N/A	2020 1.3	N/A	2019 2.7	N/A
Chlamydia new cases per 100,000 population	2019 352.2	2020 309.5	N/A	2020 257.8	N/A	2019 551.0	N/A
Gonorrhea new cases per 100,000 population	2019 58.3	2020 69.2	N/A	2020 38.7	N/A	2019 187.8	N/A

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
INFECTIOUS DISEASE (CONTINUED)							
HIV new cases per 100,000 population	2019 5.1	2020 1.7	N/A	2020 1.2	N/A	2019 9.7	N/A
Syphilis new cases per 100,000 population	2019 12.2	2020 10.8	N/A	2020 4.9	N/A	2019 39.6	N/A
UNINTENTIONAL INJURY							
Injury deaths per 100,000 population	2007-2011 51.3	2015-2019 71.6	!	2015-2019 83.9	★	2019 71.2	N/A
Fall-related deaths (unintentional) per 100,000 population	2007-2011 6.3	2015-2019 15.2	!	2015-2019 14.4	○	2019 10.2	N/A
Poisoning deaths (unintentional and undetermined intent) per 100,000 population	2007-2011 11.7	2015-2019 27.2	!	2015-2019 28.0	○	2019 21.4	N/A
Motor vehicle traffic crash (unintentional) deaths per 100,000 population	2007-2011 7.6	2015-2019 6.6	○	2015-2019 11.5	★	2019 11.1	N/A
Fall-related injury (unintentional) emergency department rate per 10,000 population	—	2016-2018 240.6	N/A	2016-2018 307.4	★	—	N/A
Traumatic brain injury emergency department rate per 10,000 population	—	2016-2018 33.4	N/A	2016-2018 39.2	★	—	N/A
Always wear seatbelt (high school students)	2017 73.4%	2019 73.1%	○	2019 70.0%	○	—	N/A
Always wear seatbelt (middle school students)	2017 79.5%	2019 79.6%	○	2019 77.9%	○	—	N/A
INTENTIONAL INJURY							
Firearm deaths per 100,000 population	2007-2011 6.4	2015-2019 6.4	○	2015-2019 10.4	★	2019 11.9	N/A
Suicide deaths per 100,000 population	2007-2011 12.6	2015-2019 12.5	○	2015-2019 17.7	★	2019 13.9	N/A
Rape/non-consensual sex (among females, lifetime)	—	2011, 2012, 2014, 2016 & 2017 12.8%	N/A	2011, 2012, 2014, 2016 & 2017 14.9%	○	—	N/A
Violence by current or former intimate partners in past 12 months (among females)	—	2011, 2012, 2014 & 2016 1.0%*	N/A	2011, 2012, 2014 & 2016 1.5%	○	—	N/A
Bullied on school property (high school students)	2017 18.6%	2019 20.2%	○	2019 23.3%	★	—	N/A
Bullied on school property (middle school students)	2017 42.9%	2019 42.1%	○	2019 46.3%	○	—	N/A
Intentional self-injury (high school students)	2017 15.1%	2019 18.2%	○	2019 18.7%	○	—	N/A
Intentional self-injury (middle school students)	2017 14.0%	2019 16.4%	○	2019 18.9%	○	—	N/A
Violent crime rate per 100,000 population	2018 121.2	2019 111.9	○	2019 114.9	○	2019 366.7	★

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
MENTAL HEALTH							
Mental health emergency department rate per 10,000 population	—	2016-2018 160.7	N/A	2016-2018 181.5	★	—	N/A
Depression, current symptoms (adults)	2012-2014 8.0%	2015-2017 8.5%	○	2015-2017 9.5%	○	—	N/A
Depression, lifetime	2012-2014 22.6%	2015-2017 23.0%	○	2015-2017 23.7%	○	2017 19.1%	N/A
Anxiety, lifetime	2012-2014 19.5%	2015-2017 22.1%	○	2015-2017 21.4%	○	—	N/A
Sad/hopeless for two weeks in a row (high school students)	2017 25.3%	2019 30.0%	○	2019 32.1%	○	—	N/A
Sad/hopeless for two weeks in a row (middle school students)	2017 18.8%	2019 22.2%	○	2019 24.8%	○	—	N/A
Seriously considered suicide (high school students)	2017 13.4%	2019 14.9%	○	2019 16.4%	○	—	N/A
Seriously considered suicide (middle school students)	2017 14.0%	2019 18.4%	!	2019 19.8%	○	—	N/A
Chronic disease among persons with depression	—	2011-2017 20.9%	N/A	2011-2017 30.8%	★	—	N/A
Ratio of population to psychiatrists	—	2019 5,419.0	N/A	2019 12,985.0	N/A	—	N/A
Currently receiving outpatient mental health treatment (adults)	2012-2014 17.6%	2015-2017 18.6%	N/A	2015-2017 18.0%	N/A	—	N/A
ORAL HEALTH							
Ratio of population to practicing dentists	—	2019 1,880.0	N/A	2019 2,700.0	N/A	—	N/A
Dentist visits in the past year (adults)	2014 74.3%	2016 69.6%	○	2016 63.6%	★	2016 66.4%	○
Insured children with at least one preventative dental visits in the past year	—	2019 67.6%	N/A	2019 62.6%	N/A	—	N/A
Adult tooth loss	2014 11.0%	2016 12.7%	○	2016 19.5%	★	—	N/A
Children covered by dental insurance	—	2019 56.0%	N/A	2019 55.7%	N/A	—	N/A
Insured children with at least one dental claim in the past year	—	2019 71.1%	N/A	2019 66.5%	N/A	—	N/A
Ambulatory care sensitive dental emergency department rates for adults per 10,000 population	—	2016-2018 81.7	N/A	2016-2018 136.9	★	—	N/A
Ambulatory care sensitive dental emergency department rates for children per 10,000 population	—	2016-2018 10.7	N/A	2016-2018 17.9	★	—	N/A
SUBSTANCE USE							
Overdose deaths per 100,000 population	2019 33.9	2020 32.5	○	2020 37.3	○	2019 21.5	N/A
Drug-induced deaths per 100,000 population	2007-2011 12.3	2015-2019 27.3	!	2015-2019 29.5	○	2019 22.8	N/A
Alcohol-induced deaths per 100,000 population	2007-2011 6.9	2015-2019 11.4	!	2015-2019 11.6	○	2019 10.4	N/A

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
SUBSTANCE USE (CONTINUED)							
Alcohol-impaired driving deaths per 100,000 population	2018 1.4	2019 1.7	N/A	2019 3.8	N/A	2019 3.1	N/A
Drug-affected infant reports per 1,000 births	2017 41.7	2018-2019 29.4	★	2018-2019 73.7	★	—	N/A
Chronic heavy drinking (adults)	2012-2014 7.9%	2015-2017 9.9%	○	2015-2017 8.5%	○	2017 6.2%	N/A
Binge drinking (adults)	2012-2014 19.8%	2015-2017 19.7%	○	2015-2017 17.9%	○	2017 17.4%	N/A
Past-30-day marijuana use (adults)	2013-2016 11.1%	2017 17.0%	!	2017 16.3%	○	—	N/A
Past-30-day misuse of prescription drugs (adult)	—	2013-2017 1.4%*	○	2013-2017 1.0%	○	—	N/A
Past-30-day alcohol use (high school students)	2017 24.1%	2019 24.1%	○	2019 22.9%	○	—	N/A
Past-30-day alcohol use (middle school students)	2017 3.1%	2019 3.4%	○	2019 4.0%	○	—	N/A
Binge drinking (high school students)	2017 8.9%	2019 8.8%	○	2019 8.2%	○	—	N/A
Binge drinking (middle school students)	2017 0.9%	2019 1.2%	○	2019 1.3%	○	—	N/A
Past-30-day marijuana use (high school students)	2017 19.4%	2019 23.9%	!	2019 22.1%	○	—	N/A
Past-30-day marijuana use (middle school students)	2017 2.7%	2019 2.9%	○	2019 4.1%	★	—	N/A
Past-30-day misuse of prescription drugs (high school students)	2017 6.1%	2019 5.4%	○	2019 5.0%	○	—	N/A
Past-30-day misuse of prescription drugs (middle school students)	2017 1.4%	2019 2.7%	!	2019 3.0%	○	—	N/A
Narcotic doses dispensed per capita by retail pharmacies	2019 9.0	2020 8.7	N/A	2020 12.1	N/A	—	N/A
Overdose emergency medical service responses per 10,000 population	2019 90.6	2020 81.2	★	2020 76.7	○	—	N/A
Opiate poisoning emergency department rate per 10,000 population	—	2016-2018 11.1	N/A	2016-2018 9.9	!	—	N/A
Opiate poisoning hospitalizations per 10,000 population	—	2016-2018 1.3	N/A	2016-2018 1.4	○	—	N/A
TOBACCO USE							
Current (every day or somedays) smoking (adults)	2016 13.9%	2017 11.4%	○	2017 17.3%	★	2017 17.1%	★
Current (every day or somedays) e-cigarette use (adults)	—	2015-2017 2.6%	N/A	2015-2017 3.5%	○	—	N/A
Past-30-day cigarette smoking (high school students)	2017 6.6%	2019 5.9%	○	2019 7.1%	○	—	N/A
Past-30-day cigarette smoking (middle school students)	2017 1.2%	2019 1.3%	○	2019 1.5%	○	—	N/A
Past-30-day e-cigarette use (high school students)	2017 15.9%	2019 29.2%	!	2019 28.7%	○	—	N/A

INDICATOR	CUMBERLAND COUNTY			BENCHMARKS			
	POINT 1	POINT 2	CHANGE	MAINE	+/-	U.S.	+/-
TOBACCO USE (CONTINUED)							
Past-30-day e-cigarette use (middle school students)	2017 3.5%	2019 6.8%	!	2019 7.0%	○	—	N/A
Past-30-day tobacco use (high school students)	2017 12.9%	2019 9.3%	○	2019 10.6%	○	—	N/A
Past-30-day tobacco use (middle school students)	2017 1.7%	2019 2.7%	○	2019 3.1%	○	—	N/A
Environmental tobacco smoke exposure (high school students)	2017 24.3%	2019 20.0%	○	2019 27.0%	★	—	N/A
Environmental tobacco smoke exposure (middle school students)	2017 16.0%	2019 14.2%	○	2019 22.1%	★	—	N/A
Maine QuitLink users	2019 2.9%	2020 3.1%	N/A	2020 1.8%	N/A	—	N/A



DATA SOURCES AND DEFINITIONS

INDICATOR	DATA SOURCE	DEFINITION
DEMOGRAPHICS		
Population numbers	<i>US Census Bureau, American Community Survey</i>	The estimated number people who reside in the specified geographic area (e.g. Maine or a Maine County) or belong to a specific population group.
Population (percent of total Maine population)	<i>US Census Bureau, American Community Survey</i>	Percentage of the total Maine population who reside in the specified geographic area (e.g. Maine or a Maine County) or belong to a specific population group.
Veterans	<i>US Census Bureau, American Community Survey</i>	Percentage of residents who are veterans.
Gay, lesbian and bisexual (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who identify as gay, 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.
Transgender youth	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who identify as transgender. Data collected in odd numbered years.
Persons with a disability	<i>US 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.
SOCIAL DETERMINANTS OF HEALTH		
Individuals living in poverty	<i>US 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.
Children living in poverty	<i>U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program</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.
Children eligible for free or reduced lunch	<i>Maine Dept. of Education</i>	Student eligibility is based on grade, not age, students enrolled through graduation are able to access the program. Student living in families at less than 185% of the poverty level are eligible. For example, an income of \$34,060 for a family of 4 qualifies for a free lunch and \$48,470 for a reduced lunch in 2020.
Median household income	<i>US Census Bureau, American Community Survey</i>	Dollar amount that divides all households in the specified geographic area into two equal groups: half of the households having more income and the other half having less income.
Unemployment	<i>US 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.
High school student graduation	<i>Maine Dept. of Education</i>	Percentage of high school 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.
People living in rural areas	<i>Data, Research and Vital Statistics Town-Level Population File</i>	Percentage of residents in the specified geographic area who live in rural areas, as defined by the New England Rural Health Roundtable.
Access to broadband	<i>Federal Communications Committee</i>	Percentage of residents with access to broadband internet.
No vehicle for the household	<i>US Census Bureau, American Community Survey</i>	Percentage of households where no one owns a motor vehicle.
65+ living alone	<i>US Census Bureau, American Community Survey</i>	Percentage of all households where a person 65 years or older is living alone.
Households that spend more than 50% of income toward housing	<i>US Census Bureau, American Community Survey</i>	Percentage of households that spend 50% or more of their household income on housing.
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.

INDICATOR	DATA SOURCE	DEFINITION
SOCIAL DETERMINANTS OF HEALTH (CONTINUED)		
Adverse childhood experiences (high school students)	<i>Maine Integrated Youth Health Survey</i>	Percentage of high school students who report at least four out of nine adverse childhood experiences. Data collected in odd numbered years.
Associate's degree or higher among those age 25 and older	<i>US Census Bureau, American Community Survey</i>	Percentage of residents, age 25 and older, who have an associate's degree or higher.
Commute of greater than 30 minutes driving alone	<i>US Census Bureau, American Community Survey</i>	Percentage of residents who drive alone for a work commute longer than 30 minutes.
GENERAL HEALTH STATUS		
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).
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.
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 biennially whereas the other conditions are collected annually.
OVERALL MORTALITY		
Overall death rate per 100,000 population	<i>Maine CDC Vital Records and CDC WONDER Online Database</i>	Rate per 100,000 people of deaths from any cause.
Leading causes of death	<i>National Center for Health Statistics, US CDC</i>	List of the causes of death that are the most frequent in the population, based on the number of deaths, sorted from highest to lowest frequency.
Rate of 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. 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.
Leading causes of years of potential life lost	<i>National Center for Health Statistics, US 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.
Life expectancy	<i>National Center for Health Statistics, US CDC</i>	Life expectancy at birth
ACCESS		
Uninsured	<i>US Census Bureau, American Community Survey</i>	Percentage of people who do not currently have any form of health insurance (either individually purchased, provided through their employer, or provided through the government).
MaineCare enrollment (all ages)	<i>MaineCare</i>	Percentage of individuals, of all ages, who were participating in MaineCare. Figures exclude individuals who were nonresidents or who were out of state.
MaineCare enrollment (ages 0-19)	<i>MaineCare</i>	Percentage of children, ages 0-19 years, who were participating in MaineCare. Figures exclude individuals who were nonresidents or who were out of state.
Ratio of population to primary care physicians	<i>Health Resources and Services Administration</i>	Ratio of population to practicing primary care physicians.
Usual primary care provider (adults)	<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.

INDICATOR	DATA SOURCE	DEFINITION
ACCESS (CONTINUED)		
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.
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.
Primary care visits that were more than 30 miles from the patient's home	<i>Maine Health Data Organization, All Payer Claims Database</i>	Visits to a primary care provider who is located more than 30 miles from the patient home.
HEALTH CARE QUALITY		
Ambulatory care-sensitive condition hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient Database</i>	Rate per 10,000 people of hospitalizations with a principal diagnosis of an ambulatory care-sensitive condition. ACSCs are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.
Ambulatory care-sensitive condition emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient and Outpatient Databases</i>	Rate per 10,000 people of emergency department discharges with a principal diagnosis of an ambulatory care-sensitive condition. ACSCs are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.
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.
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.
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.
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.
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.
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.
Lung cancer late-stage incidence per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of lung or bronchus cancers diagnosed after the cancer has spread beyond the local site.

INDICATOR	DATA SOURCE	DEFINITION
CANCER (CONTINUED)		
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.
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.
HPV-associated cancer new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of Human Papillomavirus (HPV)-associated Cancers
Obesity-associated cancer (excluding colon cancer) new cases per 100,000 population	<i>Maine Cancer Registry</i>	Rate per 100,000 people of new cases of obesity-associated cancers, excluding colon and rectal cancers.
Breast cancer screening up-to-date	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of females, ages 50 years and older, who had a mammogram within the past 2 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 years and older, who had a screening for colorectal cancer within the time period recommended in the US CDC guidelines. Data collected in even numbered years.
Cervical cancer screening up-to-date	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of females, ages 21 to 65, with an intact cervix, who have had a pap smear within the past three years. Data collected in even numbered years.
Lung cancer screening rate among eligible adults	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who received a computed tomography (CT) scan to check for lung cancer, reported among smokers aged 55–80 who had a ≥30 pack-year smoking history and who currently smoke or quit <15 years ago who met U.S. Preventive Services Task Force (USPSTF) lung cancer screening criteria. BRFSS state-added module introduced in 2017.
CARDIOVASCULAR DISEASE		
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.
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.
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.
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.
Heart attack hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient Database</i>	Rate per 10,000 people of hospital discharges with a principal diagnosis of a heart attack.
Heart failure hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient Database</i>	Rate per 10,000 people of hospital discharges with a principal diagnosis of heart failure.
High blood pressure hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient Database</i>	Rate per 10,000 people of hospital discharges with a principal diagnosis of hypertension.
Stroke hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient Database</i>	Rate per 10,000 people of hospital discharges with a principal diagnosis of stroke.
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.

INDICATOR	DATA SOURCE	DEFINITION
DIABETES		
Diabetes	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults that have ever been told by a doctor or healthcare provider that they have diabetes, excluding diabetes during pregnancy.
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 hospitalizations (principal diagnosis) per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient Database</i>	Rate per 10,000 people of hospital discharges with a principal diagnosis of diabetes.
Diabetes emergency department rate (principal diagnosis) per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient and Outpatient Databases</i>	Rate per 10,000 people of emergency department discharges 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" at least twice 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 HEALTH		
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.
Current asthma (youth ages 0-17)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of children ages 0-17 years who have been diagnosed with asthma and still have asthma.
Chronic lower respiratory disease deaths per 100,000 population	<i>Maine CDC Vital Records and CDC WONDER Online Database</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 Inpatient and Outpatient Databases</i>	Rate per 10,000 people of emergency department discharges with a principal diagnosis of asthma.
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.
Chronic obstructive pulmonary disease hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient Database</i>	Rate per 10,000 people of hospital discharges with a principal diagnosis of chronic obstructive pulmonary disease (COPD).
Pneumonia hospitalizations per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient Database</i>	Rate per 10,000 people of hospital discharges with a principal diagnosis of pneumonia.
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.
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.
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.
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.

INDICATOR	DATA SOURCE	DEFINITION
PHYSICAL ACTIVITY, NUTRITION AND WEIGHT (CONTINUED)		
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.
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.
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 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 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. 2017 data cannot be compared to earlier data for this measure due to questionnaire changes.
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. 2017 data cannot be compared to earlier data for this measure due to questionnaire changes.
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.
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.
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.
Food insecurity (youth)	<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. Youth refers to children under 18.
Limited access to healthy food	<i>USDA Food Environment Atlas</i>	Percentage of households that have limited access and proximity to a grocery store

INDICATOR	DATA SOURCE	DEFINITION
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 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.
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 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.
Smoked during pregnancy	<i>Maine CDC Vital Records</i>	Percentage of new mothers who smoked cigarettes at any time during 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.
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 (no solids, water, or other liquids) from birth to six months of age.
C-sections among low-risk first births	<i>Maine CDC Vital Records</i>	Percentage of low-risk first births for which a cesarean section was completed.
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.
Developmental screening for MaineCare members	<i>MaineCare</i>	Percentage of MaineCare members at ages 0, 1, 2 and 3 years who received developmental screening using a parent-completed evidence-based screening tool.
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.
OLDER ADULT 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.
Arthritis	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have been told by a healthcare provider that they have arthritis.
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.
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. This data is weighted to be representative of all households in Maine.
Adults living in households with private wells tested for arsenic	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who report that their home has a private well and that the well water has been tested for arsenic. This data is weighted to be representative of individuals living in Maine, not households, in order to measure differences in individual level characteristics.
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.

INDICATOR	DATA SOURCE	DEFINITION
ENVIRONMENTAL HEALTH (CONTINUED)		
Lead screening among children (ages 12-23 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 24-35 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.
Homes tested for radon	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of homes responding "Yes" to the question "Has your household air been tested for the presence of radon gas?" This data is weighted to be representative of all households in Maine.
Adults living in households tested for radon	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who report that their household air been tested for the presence of radon gas. This data is weighted to be representative of individuals living in Maine, not households, in order to measure differences in individual level characteristics.
IMMUNIZATIONS		
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. The 4313314 series of recommended vaccines that are assessed for includes 4 doses for DTaP (diphtheria, tetanus and pertussis), 3 doses for IPV (Polio) 1 MMR (Measles Mumps and Rubella), 3 doses for Hib (Haemophilus influenzae type b), 3 doses for Hepatitis B, 1 dose for varicella (Chicken Pox) and 4 doses for PCV (Pneumococcal conjugate). It does not include annual influenza vaccination, or hepatitis A vaccination.
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.
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.
13 year-olds with up-to-date HPV Immunization	<i>Maine Immunization Program</i>	Percentage of 13 year olds who are up-to-date with the recommended series of human papillomavirus (HPV) vaccinations, assessed on December 31 of each year.
13 year-olds with up-to-date MCV4 Immunization	<i>Maine Immunization Program</i>	Percentage of 13 year olds who are up-to-date with the recommended meningococcal conjugate virus (MCV4) vaccination, assessed on December 31 of each year.
13 year-olds with up-to-date Tdap Immunization	<i>Maine Immunization Program</i>	Percentage of 13 year olds who up-to-date with recommended tetanus, diphtheria, and pertussis (Tdap) vaccinations, assessed on December 31 of each year.
INFECTIOUS DISEASE		
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.
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.
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.

INDICATOR	DATA SOURCE	DEFINITION
INFECTIOUS DISEASE (CONTINUED)		
Chlamydia new cases per 100,000 population	<i>Maine Infectious Disease Surveillance System</i>	Rate per 100,000 people of new cases of chlamydia.
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		
Injury deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths due to injuries.
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.
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.
Fall-related injury (unintentional) emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient and Outpatient Databases</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 Inpatient and Outpatient Databases</i>	Rate per 10,000 people of emergency department discharges with a diagnoses of traumatic brain injury.
Work-related deaths (number)	<i>Maine Dept. of Labor</i>	Number of deaths from work-related injuries.
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		
Firearm deaths per 100,000 population	<i>Maine CDC Vital Records</i>	Rate per 100,000 people of deaths due to firearms, all intents.
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.
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.
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 in the past 12 months. 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 ever been bullied on school property. Data collected in odd numbered years.
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.

INDICATOR	DATA SOURCE	DEFINITION
INTENTIONAL INJURY (CONTINUED)		
Nonfatal child maltreatment per 1,000 population	<i>Child Maltreatment Report, US 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.
Violent crime rate per 100,000 population	<i>Maine Dept. of Public Safety</i>	Rate per 100,000 people of violent crime offenses. Violent crime is defined as a murder, rape, robbery or aggravated assault.
MENTAL HEALTH		
Mental health emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient and Outpatient Databases</i>	Rate per 10,000 people of emergency department discharges with a principal diagnosis of mental health condition.
Depression, current symptoms (adults)	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have current symptoms of depression based on two questions in the BRFSS
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.
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 during the past 12 months 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 ever 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 ever seriously considered attempting suicide. Data collected in odd numbered years.
Chronic disease among persons with depression	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have reported current symptoms of depression and have three or more chronic conditions. Chronic conditions include: 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.
Ratio of population to psychiatrists	<i>Health Resources and Services Administration</i>	Ratio of the population to practicing psychiatrists.
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.
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 who receive treatment.
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.
ORAL HEALTH		
Ratio of population to practicing dentists	<i>Health Resources and Services Administration</i>	Ratio of population to practicing dentists.
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.

INDICATOR	DATA SOURCE	DEFINITION
ORAL HEALTH (CONTINUED)		
Insured children with at least one preventative dental visit.	<i>Maine Health Data Organization, All Payer Claims Database</i>	Percentage of children and young adults under age 21 who had MaineCare or Commercial insurance for at least 11 out of 12 months with at least one claim for a preventative dental service in the past year.
Adult tooth loss	<i>Behavioral Risk Factor Surveillance System</i>	Percentage of adults who have lost six or more teeth due to tooth decay or gum disease. Data collected in even numbered years.
Children covered by dental insurance (<21)	<i>Maine Health Data Organization, All Payer Claims Database</i>	Percentage of children and young adults under age 21 who had MaineCare or Commercial insurance for dental health care for at least 11 out of 12 months.
Insured children with at least one dental claim.	<i>Maine Health Data Organization, All Payer Claims Database</i>	Percentage of children and young adults under age 21 who had MaineCare or Commercial insurance for at least 11 out of 12 months with at least one dental claim in the past year.
Ambulatory care sensitive dental emergency department rates for adults per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient and Outpatient Databases</i>	Rate per 10,000 adults with emergency department (ED) visits for dental-related reasons for which good regular dental care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Note that included conditions are different for adult than for children.
Ambulatory care sensitive dental emergency department rates for children per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient and Outpatient Databases</i>	Rate per 10,000 children with emergency department (ED) visits for dental-related reasons for which good regular dental care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Note that included conditions for children are primarily for untreated cavities and are different for adults.
SUBSTANCE USE		
Overdose deaths per 100,000 population	<i>Maine Office of Chief Medical Examiner</i>	Rate per 100,000 people of deaths due to a drug overdose.
Drug-induced deaths per 100,000 population	<i>Maine CDC Vital Records and CDC WONDER Online Database</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 and CDC WONDER Online Database</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).
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.
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.
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 or 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 (adult)	<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.
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.

INDICATOR	DATA SOURCE	DEFINITION
SUBSTANCE USE (CONTINUED)		
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.
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 by retail pharmacies	<i>Prescription Monitoring Program</i>	Narcotic doses dispensed per capita by retail pharmacies. This excludes doses dispensed in other health care settings such as ambulatory health care offices, emergency rooms and hospitals.
Adults who needed and did not receive treatment for illicit drug use	<i>National Survey on Drug Use and Health</i>	Percentage of individuals 12 and older 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 individuals 12 and older who needed but did not receive treatment for alcohol use in the past 12 months during the past 12 months.
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, medications, alcohol, and inhalants.
Opiate poisoning emergency department rate per 10,000 population	<i>Maine Health Data Organization Hospital Inpatient and Outpatient Databases</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 Inpatient Database</i>	Rate per 10,000 population of hospital discharges with a principal diagnosis of opiate poisoning.
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.
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 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.
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.
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.

INDICATOR	DATA SOURCE	DEFINITION
TOBACCO USE (CONTINUED)		
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.
Maine QuitLink users	<i>Center for Tobacco Independence</i>	Percentage of current adult smokers who received treatment services (counseling and/or nicotine replacement therapy) from the Maine QuitLink (Formerly the Maine Tobacco Help Line).

ACKNOWLEDGMENTS

Funding for the Maine Shared Community Health Needs Assessment is provided by the partnering healthcare systems with generous support from the Maine CDC and countless community partners and stakeholder groups. Additional funding was provided by the Maine Health Access Foundation and the Maine CDC to conduct additional outreach to engage those whose voices would not otherwise be distinctly heard. The Maine Shared CHNA is also supported in part by the U.S. Centers for Disease Control and Prevention (U.S. CDC) of the U.S. Department of Health and Human Services (U.S. DHHS) as part of the Preventive Health and Health Services Block Grant (awards NB01OT009343-01 & NB01OT009413-01). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the U.S. CDC/HHS, or the U.S. Government.

The Infrastructure for community-led efforts is gaining strength. We are grateful to those who put their trust in the Maine Shared CHNA process. Together the Maine Shared CHNA and each of our community hosts have strived to ensure their voices are reflected herein.

Oral Survey Sponsors

Capital Area New Mainers Project
City of Portland's Minority Health Program
Gateway Community Services
Maine Access Immigrant Network
Maine Community Integration
Maine Department of Health and Human Services*
Maine Immigrant and Refugee Services
Mano en Mano
New England Arab American Organization
New Mainers Public Health Initiative

Community Event Sponsors

Consumer Council System of Maine
Disability Rights Maine
Green A.M.E. Zion Church
Health Equity Alliance
Maine Continuum of Care
Maine Council on Aging
Maine Primary Care Association
Maine Youth Action Network

*Includes the Manager of Diversity, Equity, and Inclusion and the Maine CDC.

Months of planning was conducted by stakeholder groups including the Metrics Committee, Data Analysis Team, Community Engagement Committee, Health Equity Committee, and Local Planning teams. For a complete listing please visit the Maine Shared CHNA website [About Us](#) page.

Significant analysis was conducted by epidemiologists at the Maine CDC and the University of Southern Maine's Muskie School of Public Service. Market Decisions Research provided quantitative and qualitative analysis, as well as design and production support. John Snow, Inc. (JSI) provided methodology, community engagement, and qualitative analysis expertise and support. The oral survey was adapted from the City of Portland's Minority Health Program's survey. Special thanks to the Partnership for Children's Oral Health for their data contribution.



