AROOSTOOK DISTRICT: Health Disparities

This DHHS District Health Profile contains key health measures reflecting the health status of groups who share one or more characteristics in common – what is called population health status. Public health has two overarching goals: to protect and improve population health *and* to reduce disparities in health status among different populations.

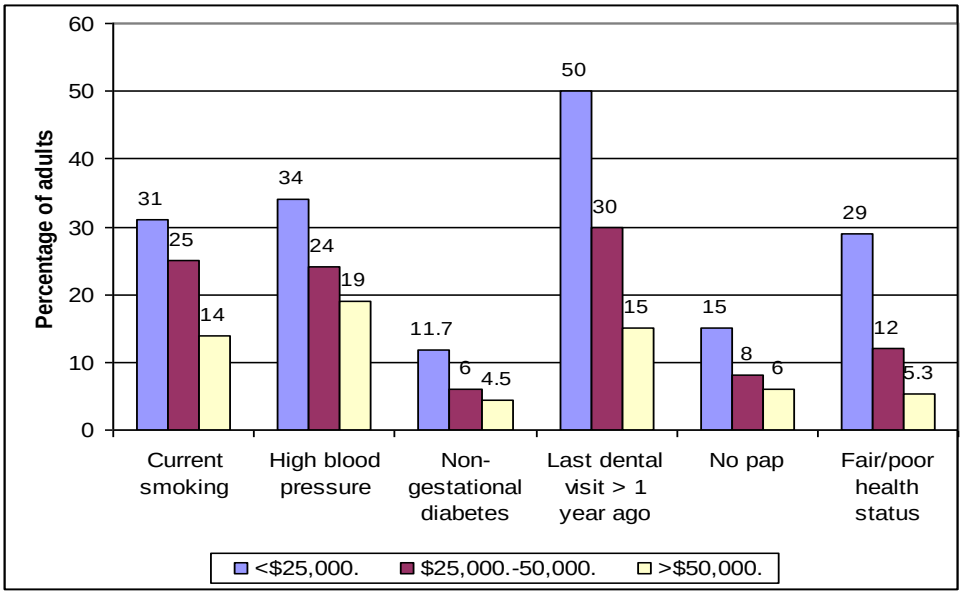
From a bird's eye view, there are multiple pathways contributing to health status. These include health risk behaviors, access to health care, genes, and the environments where people live, work, learn and play. When examined at a population level, age, race/ethnicity, gender, income and lifetime education, disability, sexual orientation are factors in our country and state that result in disparities in health status. Research continues to reveal additional factors: social determinants such as transportation, housing, and social exclusion play key roles. In fact, emerging global health research indicates that every group on a society's social status ladder experiences better overall health than other groups below it.

Epidemiological analysis and our own eyes and experiences offer information about how to improve health here in Maine. Whether it is the presence of Native American tribal nations, Franco-American or new refugee communities, our range of ages, incomes, and lifetime education, or gender, we need to monitor and address disparities in health here in Maine.

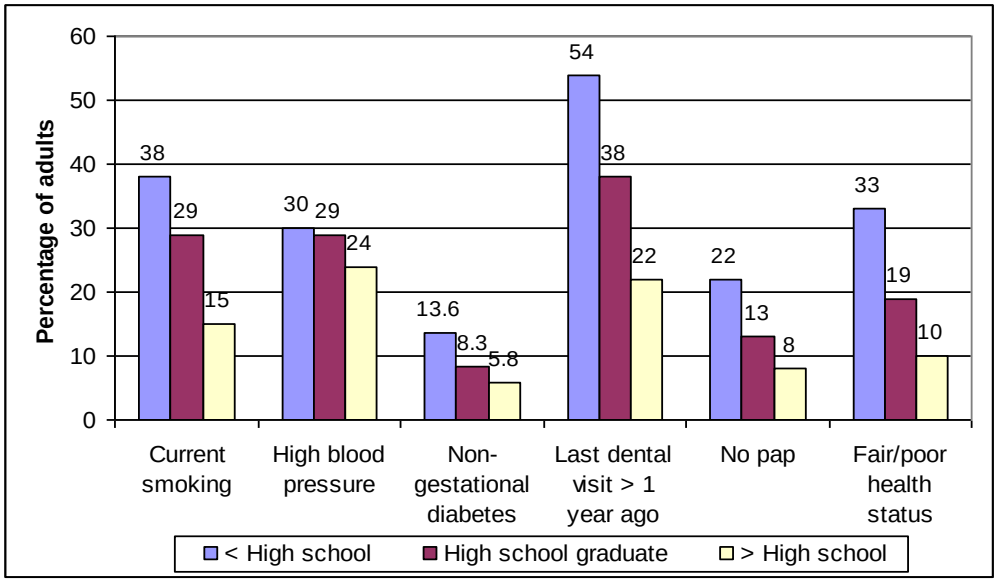
However, statistical analysis is a challenge in a relatively sparsely populated state, and we are often unable to provide data on disparate populations. In addition to small numbers, it is critical that race and ethnicity data be reported accurately and with culturally competent methods to collect it. Together, these limitations in Maine's data require that we sometimes rely on national profiles for disadvantaged populations in lieu of state, regional or local data. The following tables are offered to consider in our vision, inclusiveness, strategies and values in improving health for all in Maine.

Maine's dialogue about setting priorities to make Maine the healthiest state in the nation for all Maine people can be based on an understanding of "how health happens" *and* that disparities in health status exist in Maine.

Percentage: Select Chronic Disease Indicators by Income, Maine Adults, 2002-2006



Percentage: Select Chronic Disease Indicators by Educational Attainment, Maine 2002-2006



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Percentage: Chronic Disease Indicators by Educational Attainment and Income, Maine Adults, 2002-2006

EDUCATIONAL ATTAINMENT	Current smoking	High blood pressure	Non-gestational diabetes	Last dental visit > 1 year ago	No pap test in past 3 years	Fair/poor health status
< High school	**38**	**30**	**13.6**	**54**	**22**	**33**
High school graduate	**29**	**29**	**8.3**	**38**	**13**	**19**
> High school	**15**	**24**	**5.8**	**22**	**8**	**10**
INCOME						
<$25,000.	**31**	**34**	**11.7**	**50**	**15**	**29**
$25,000.-50,000.	**25**	**24**	**6**	**30**	**8**	**12**
>$50,000.	**14**	**19**	**4.5**	**15**	**6**	**5.3**

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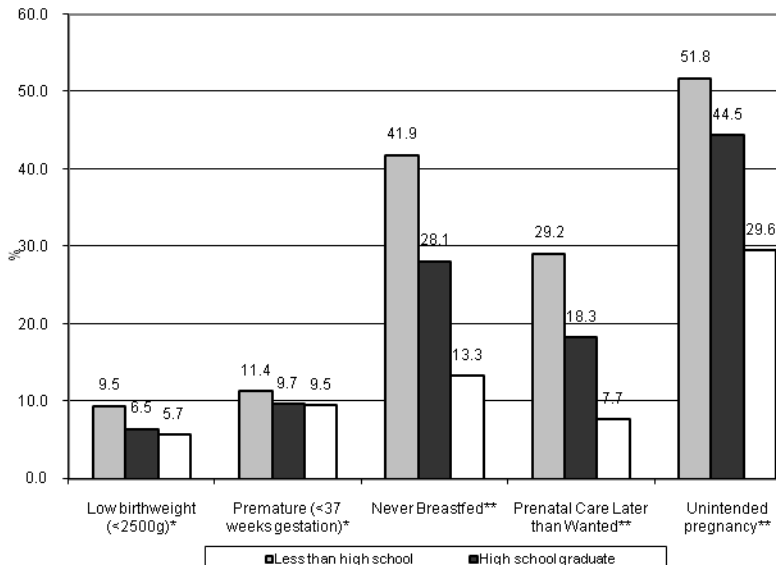
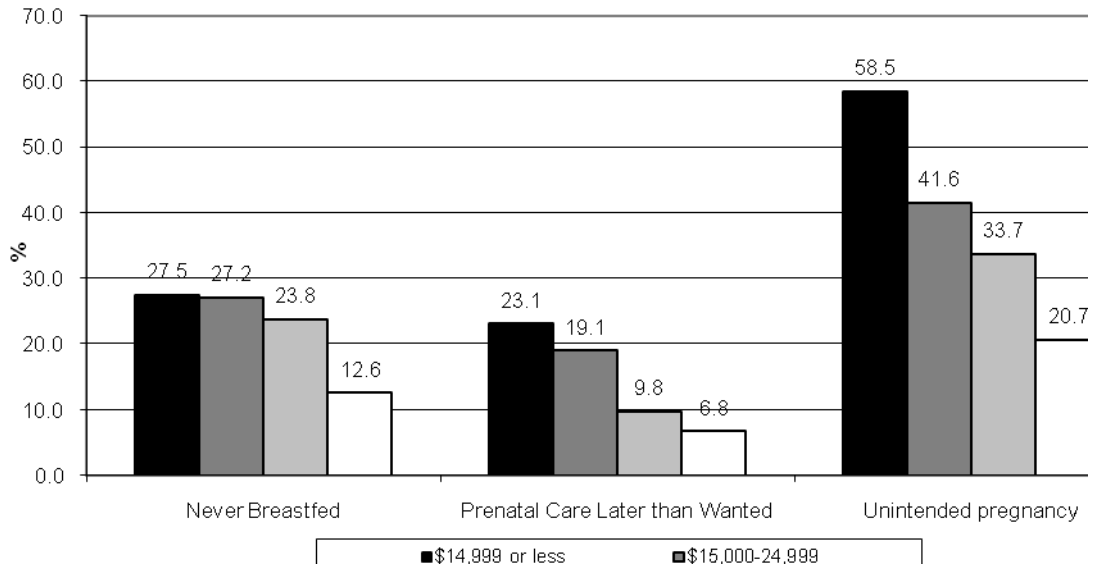
Select Maternal and Child Health Indicators by Education



*Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2003-2004, on CDC WONDER Online Database, September 2007. Accessed at http://wonder.cdc.gov/natality-v2004.html on Nov 6, 2007 1:49:33 PM

**Source: Maine Pregnancy Risk Assessment Monitoring System (PRAMS), 2005

Breastfeeding, Prenatal Care and Unintended Pregnancy by Income, 2005



**Source: Maine Pregnancy Risk Assessment Monitoring System (PRAMS), 2005

Select Maternal and Child Health Risk Factors by Education and Income

EDUCATIONAL ATTAINMENT	Low Birthweight* (<2500g)	Premature birth* (<37 wk gestation)	Never breastfed most recent child**	Received prenatal care later than wanted**	Unintended pregnancy
Less than High school	**9.5%**	**11.4%**	**41.9%**	**29.2%**	**51.8%**
High school graduate	**6.5%**	**9.7%**	**28.1%**	**18.3%**	**44.5%**
Greater than High school	**5.7%**	**9.5%**	**13.3%**	**7.7%**	**29.6%**
INCOME					
$14,999 or less	**n/a*** **	**n/a*** **	**27.5%**	**23.1%**	**58.5%**
$15,000-$24,999	**n/a*** **	**n/a*** **	**27.2%**	**19.1%**	**41.6%**
$25,000-$49,999	**n/a*** **	**n/a*** **	**23.8%**	**9.8%**	**33.7%**
$50,000 or more	**n/a*** **	**n/a*** **	**12.6%**	**6.8%**	**20.7%**

*Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2003-2004, on CDC WONDER Online Database, September 2007. Accessed at http://wonder.cdc.gov/natality-v2004.html on Nov 6, 2007 1:49:33 PM
**Source: Maine Pregnancy Risk Assessment Monitoring System (PRAMS), 2005
***data on income are not available for these indicators

Use of Prenatal Care in 1st Trimester, Maine, 2004

	Received prenatal care in 1st Trimester		Total births
Race	Number	Percent	Number
Total	12182	87.4	13944
White	11724	87.6	13381
Black	181	80.4	225
American Indian	87	75.0	116
Asian or Pacific Islander	190	85.6	222
Non-Hispanic total	11992	87.6	13694
Hispanic total	140	77.8	180

Maine CDC Office on Research, Data and Vital Statistics

2000-2004 Aggregated Teen Pregnancies by Teen Mother's Race and Ethnicity, Ages 15-19		
Race	**Rate** per 1,000 Females	**Counts**
White	35.7	1538
Black	65.3	27
American Indian	96.1	35
Asian/Pacific Islander	34.7	17
Total	37.2	1672
Ethnicity	**Rate** per 1,000 Females	**Counts**
Hispanic	44.0	23
Non-Hispanic	34.5	1532
Total	37.2	1672

Source: Maine DHHS/Maine CDC, Office of Data, Research, and Vital Statistics.

NATIONAL BURDEN OF DISEASE RELATED TO RACE/ETHNICITY: KEY PRIORITY AREAS	
Cancer	African American women: more than twice as likely to die of cervical cancer than white women. More likely to die of breast cancer than women of any other racial or ethnic group.
Cardiovascular Disease	2000: rates of death from heart diseases: 29 % higher among African American adults than among white adults. Death rates from stroke: 40% higher.
Diabetes	2000: American Indians, Alaska Natives: 2.6 times more likely to have diagnosed diabetes compared w/non-Hispanic Whites. African Americans: 2.0 times more likely, Hispanics were 1.9 times more likely
HIV/AIDS	2001: African Americans + Hispanics = 26 % of U.S. population but are 66% of adult AIDS cases. 82% of pediatric AIDS cases in the first half of that year
Immunizations	2001: Hispanics and African Americans aged 65 and older: less likely than Non-Hispanic Whites to report having received influenza and pneumococcal vaccines.
Infant Mortality	African American, American Indian, Puerto Rican infants: higher death rates than white infants. Yr. 2000: black-to-white ratio in infant mortality = 2.5 (up from 2.4 in 1998). This is a widening trend persisting over the last two decades.

US CDC Office of Minority Health/ Health Disparities see www.cdc.gov/omhd/AMH/dbrf.htm