

MAINE HEALTHCARE DATABOOK



Maine Health
Management
Coalition

OCTOBER, 2014

INTRODUCTION

Like the rest of the nation, Maine is working to achieve the Triple Aim of health care—improving patient care and population health, and reducing per capita costs. The state brings to this effort many strengths, including some of the highest quality of care in the nation, as well as many innovative and collaborative payment and delivery system reform activities. But we face substantial challenges as well, including an older population and a rural geography. Strategies to improve the quality and cost of health care will reflect these strengths and challenges.

The first edition of the Healthcare Data Book presents a range of information about the demographics and health status of Maine's population, the utilization and delivery of healthcare in the state, and the quality and cost of care—all of which inform and shape the healthcare landscape in Maine, as well as efforts to improve it.

The Data Book was undertaken with funding from the Maine Department of Health and Human Services as part of the federal State Innovation Model (SIM) initiative, a three year project designed to catalyze efforts throughout the state to achieve the Triple Aim. Essential to these efforts is broad-based engagement from the consumers and purchasers of health care. We believe that the Data Book will help support that engagement by providing stakeholders with a comprehensive one-stop information source that will inform their involvement.

The data included in this volume are drawn from a number of state, federal, and other sources, all of which follow different update schedules. Some are updated annually, with little lag time, while others are updated less frequently. If you would like more information about how often a particular set of data are updated, or other information about a particular data point, we encourage you visit the cited source.

The Coalition wishes to thank the many organizations whose data and analyses are included in this volume. In particular, we are extremely grateful to the state agencies here in Maine who have so generously given their time and expertise to this effort. These include the Maine Center for Disease Control and Prevention, the Department of Labor, the Office of Rural Health and Primary Care, the Division of Licensing and Regulatory Services, Maine Health Data Organization, and the Department of Professional and Financial Regulation. We have also received thoughtful input and guidance from several multi-stakeholder groups, including the SIM-supported Payment Reform Subcommittee and Healthcare Cost Workgroup.

As work on this volume concludes, efforts are already underway on the 2nd edition, in which we will continue to gather relevant data into one accessible resource. At the same time, this is an evolving publication, which will become more robust and comprehensive moving forward, as we work to present meaningful and valuable information to the many different stakeholders who seek to improve the affordability and quality of healthcare in Maine.

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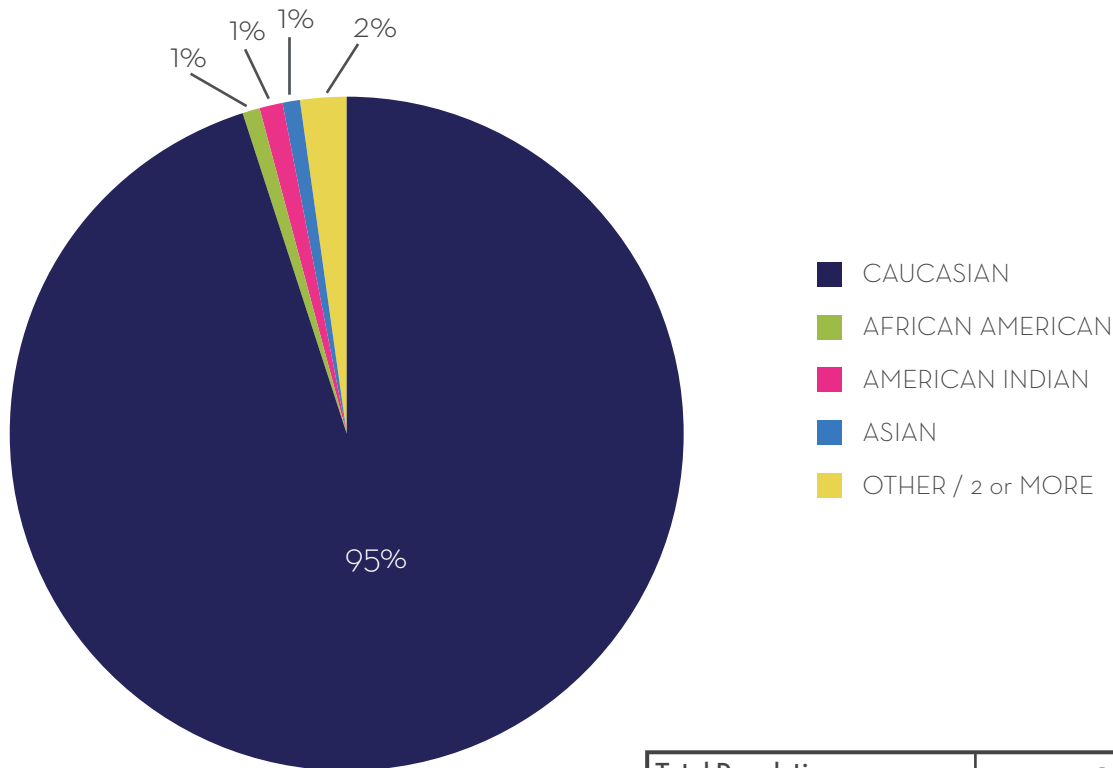
DEMOGRAPHICS

In this section, we present a range of data related to various aspects of the demographic character of Maine's population.

Demographics are the socioeconomic characteristics of a population. Among these characteristics are age, gender, income, education, and employment status. The demographics of a population have an important relationship to the types and amounts of healthcare services a community needs. For instance, age is one of the single most important factors influencing a need for and use of healthcare services. Although Maine is one of the "oldest" states in the nation, there is variability in the average age of the population across counties. Considering demographic differences like this can help us understand differences in the prevalence of certain disease conditions and in utilization patterns, as well as help us develop a better appreciation for what types of services a community might need more or less of.

POPULATION BY RACE AND GENDER

Maine, 2010



Total Population	1,328,361
Female	678,305
Male	650,056

DEMOGRAPHICS

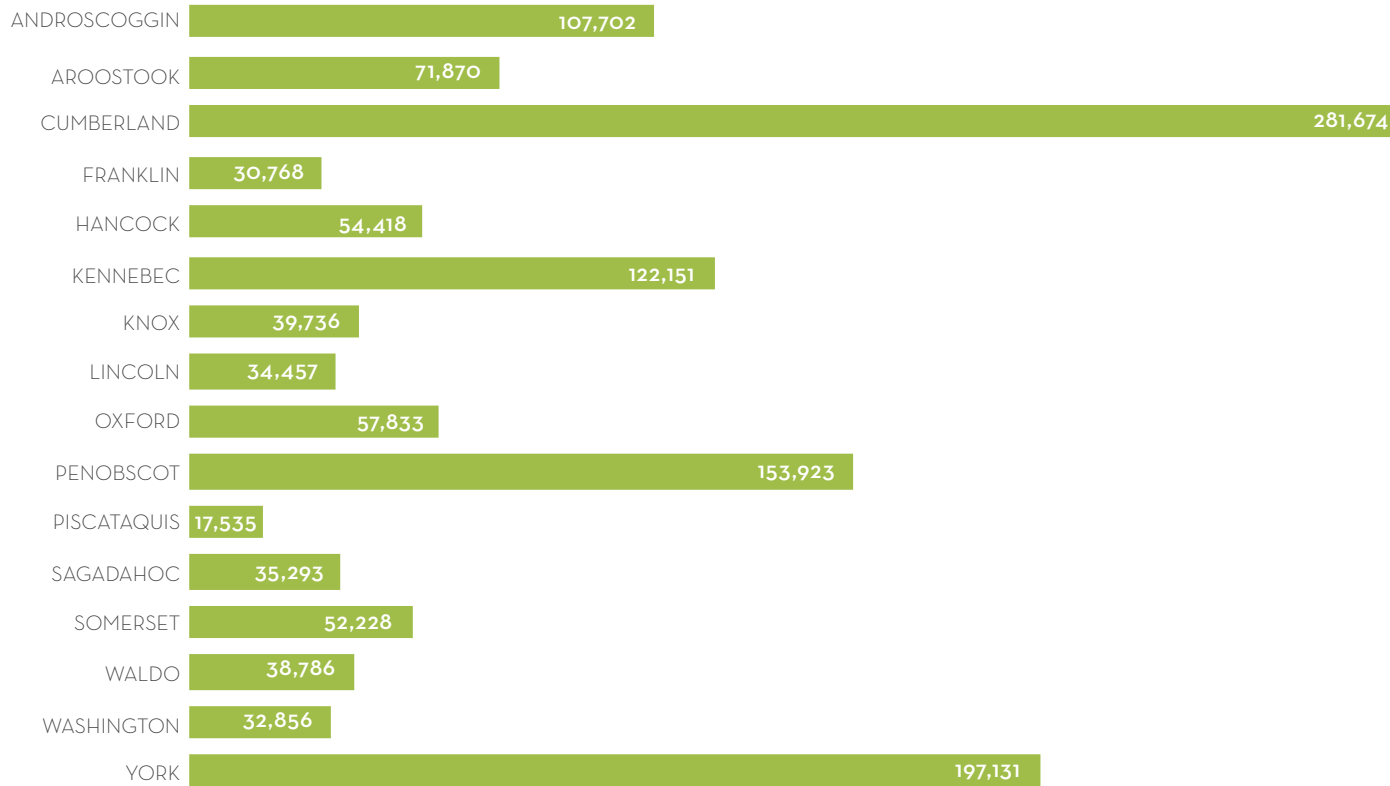
Maine's population in 2010 was 1,328,361, making it the 41st largest state in the nation. The state population grew 4.2 percent between 2000 and 2010, compared to a 3.8 percent growth rate for New England and 9.7 percent growth for the U.S. as a whole. Just over 1 percent of Maine's population is African American, compared to 13 percent nationwide. The Hispanic population in Maine also is just over 1 percent, compared to 17 percent nationwide.¹

SOURCE: U.S. Census Bureau, United States Census 2010, Available at: <http://www.census.gov/2010census/popmap/>. Accessed on Sept. 10, 2014.

DEMOGRAPHICS

POPULATION BY COUNTY

Maine, 2010



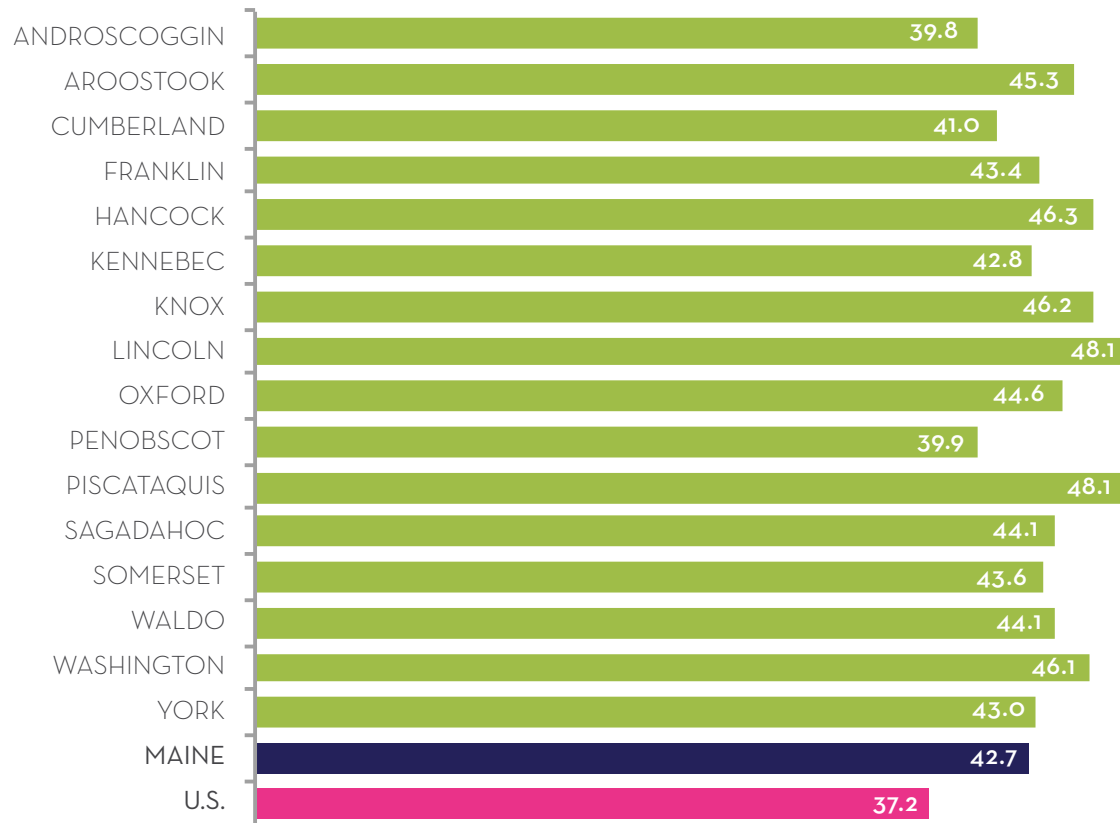
Total Population: 1,328,361

By 2030, Maine's population is projected to drop slightly to 1,325,751, with only Androscoggin, Cumberland, Knox, Penobscot, and York counties expected to see population increases during that period. The largest decreases in population are projected in Hancock, Lincoln, and Piscataquis counties.²

SOURCE: U.S. Census Bureau, *Census 2010: Profile of General Population and Housing Characteristics*. As found in the *2010 Demographic Profile for Maine Towns, Cities, Counties, and the State*. Available at: <http://www.maine.gov/economist/census/>. Accessed on August 12, 2014.

MEDIAN AGE BY COUNTY

Maine, 2010



MAINE SOURCE: *Maine Census State Data Center 2010, 2010 Demographic Profile for Maine Towns, Cities, Counties, and the State.* Available at: <http://www.maine.gov/economist/census/>. Accessed on August 12, 2014.

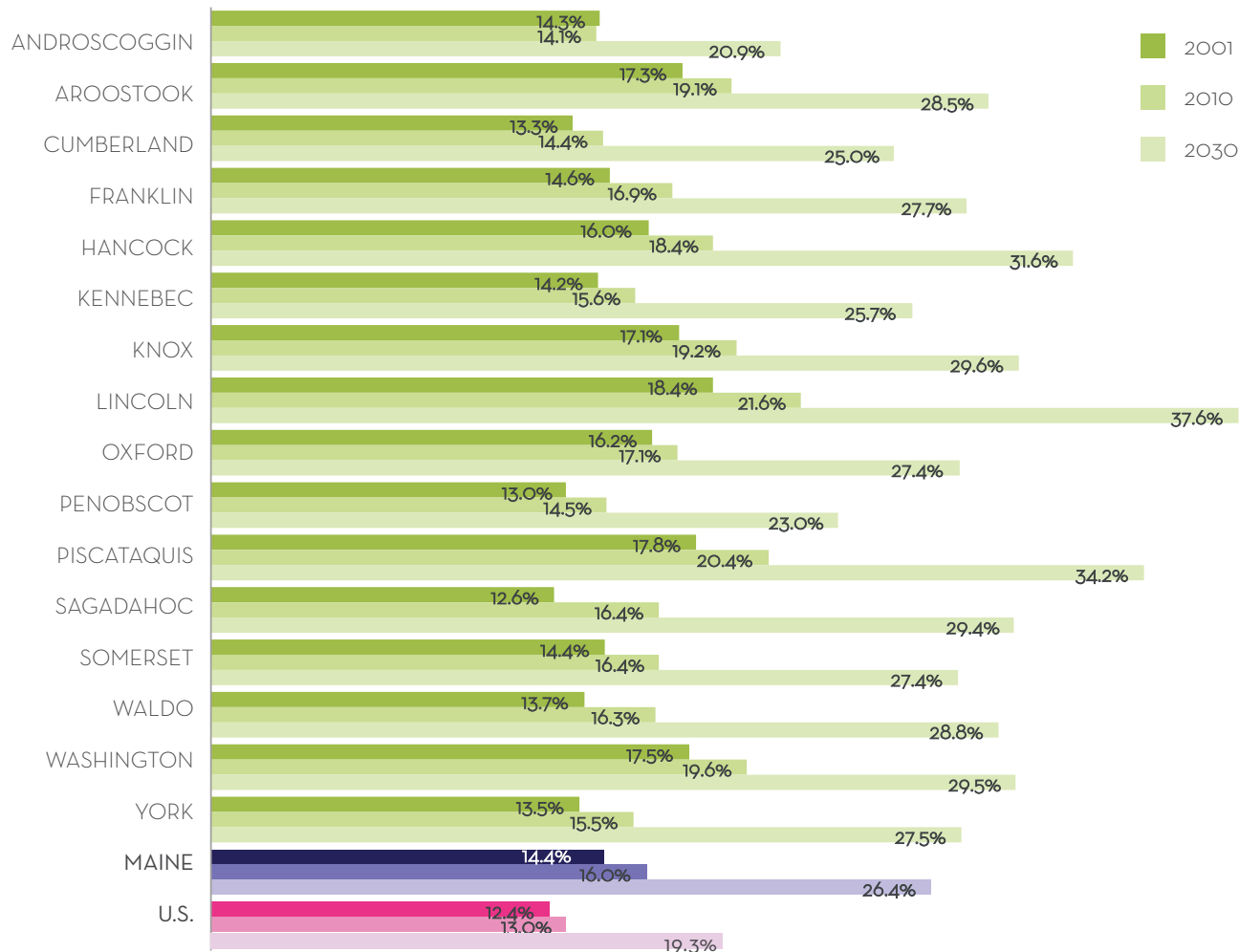
NATIONAL SOURCE: *U.S. Census Bureau, Census 2010 Summary File 1.* Available at: <http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>. Accessed on September 29, 2014.

DEMOGRAPHICS

At 42.7, Maine's median age is the highest in the country, over a year higher than Vermont's, which is the next highest. While the median age varies among Maine's counties, even the county with the lowest median age—Androscoggin, at 39.8—has a higher median age than the national median of 37.2. The counties with the highest median ages—Hancock, Lincoln, and Piscataquis—are also the ones projected to experience the largest population declines by 2030.³

DEMOGRAPHICS

PERCENT OF POPULATION 65+ BY COUNTY Maine, 2001, 2010, and 2030 Projections



After Florida and West Virginia, Maine has the highest percent of 65+ aged residents. While Maine's overall population grew 4.2 percent between 2000 and 2010, the 65+ population increased by 15.1 percent. By 2030, one in four Maine residents will be 65 or older.⁴

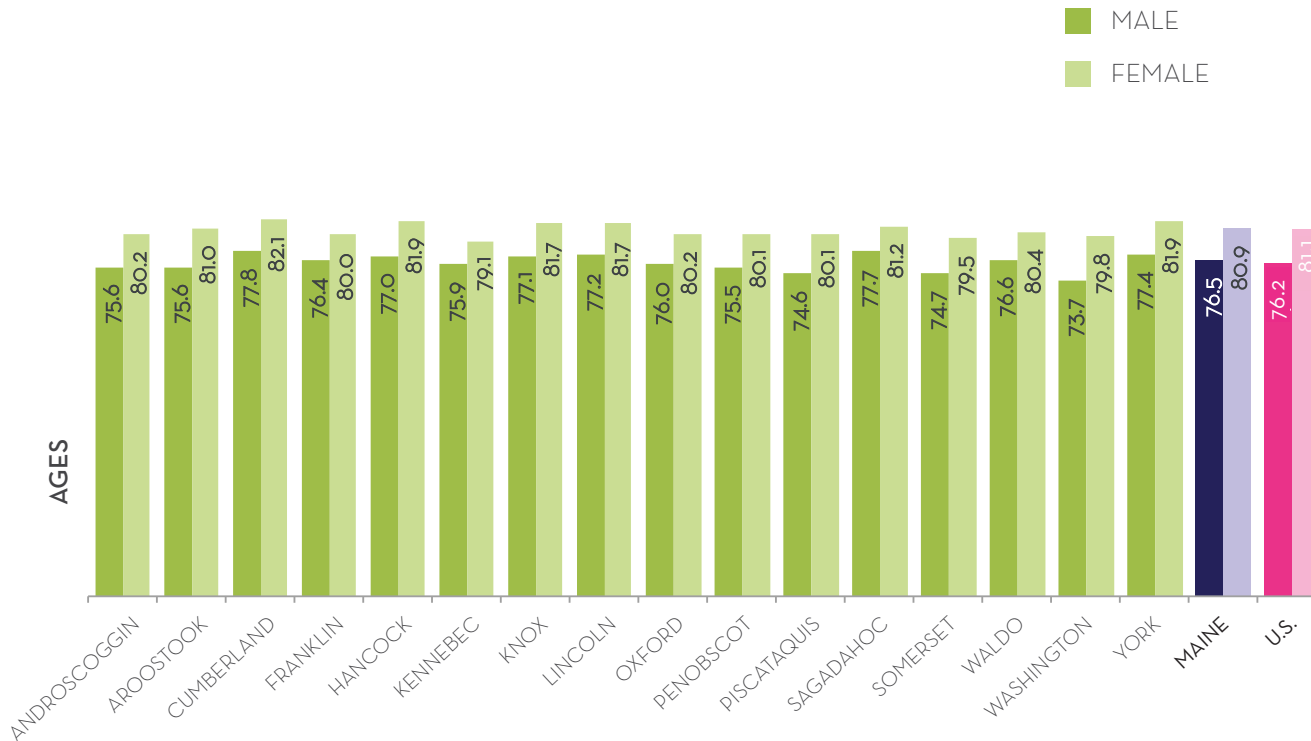
MAINE SOURCE: U.S. Census Data, 2010 Demographic Profile for Maine Towns, Cities, Counties, and the State. Available at: <http://www.maine.gov/economist/census/>. Accessed on August 12, 2014.

U.S. SOURCE: U.S. Census Data, 2010, The Next Four Decades: The Older Population in the United States: 2010 to 2050. Available at: <http://www.census.gov/prod/2010pubs/P25-1138.pdf>. Accessed on September 25, 2013.

DEMOGRAPHICS

The Maine county with the highest life expectancy for both men and women is Cumberland County. The lowest life expectancy for men is in Washington County, and for women is in Kennebec County.

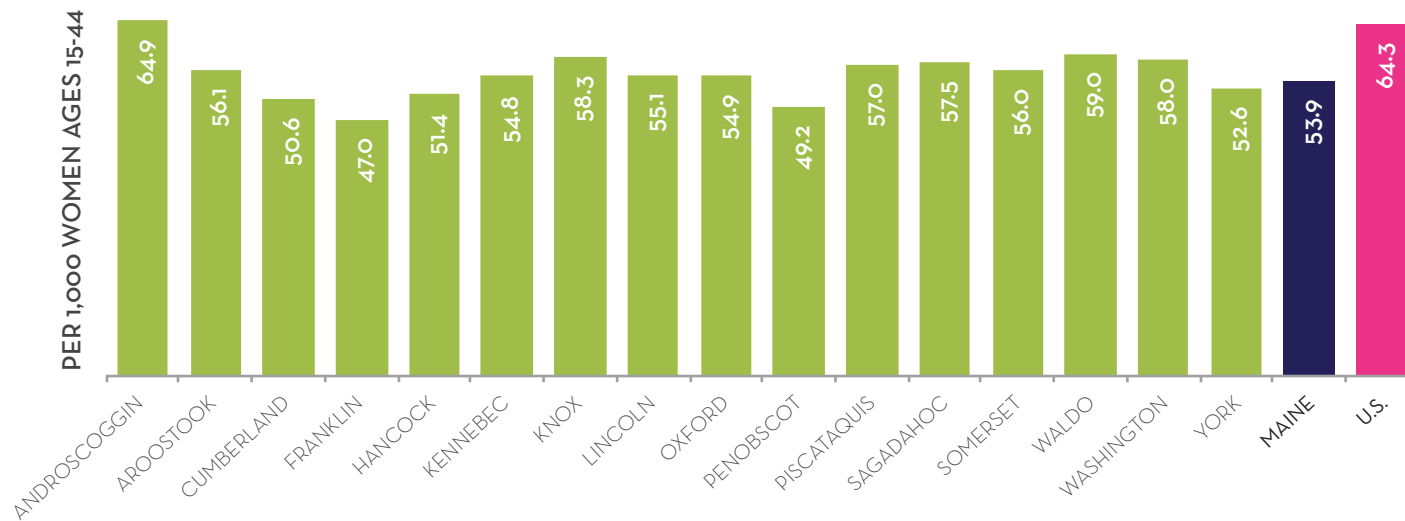
LIFE EXPECTANCY BY COUNTY Maine, 2010



SOURCE: National Center for Health Statistics by age, sex, race and county for the U.S. from 1985-2010. As found in: <http://www.healthdata.org/research-article/left-behind-widening-disparities-males-and-females-us-county-life-expectancy-1985>. Accessed on August 13, 2014.

BIRTH RATE BY COUNTY

Maine, 2009-2012 Average



NOTE: Calculations for 2000-2009 use Census 2000-based population estimates. Calculations beginning in 2010 use Census 2010-based population estimates. Available at: http://www.cdc.gov/nchs/nvss/bridged_race.htm. The rates shown may differ from rates computed on the basis of other population estimates.

SOURCE: National Center for Health Statistics, final natality data, US Census Bureau. Population estimates based on bridged race categories released by the National Center for Health Statistics. As found in: www.marchofdimes.org/peristats. Accessed on Sept. 11, 2014.

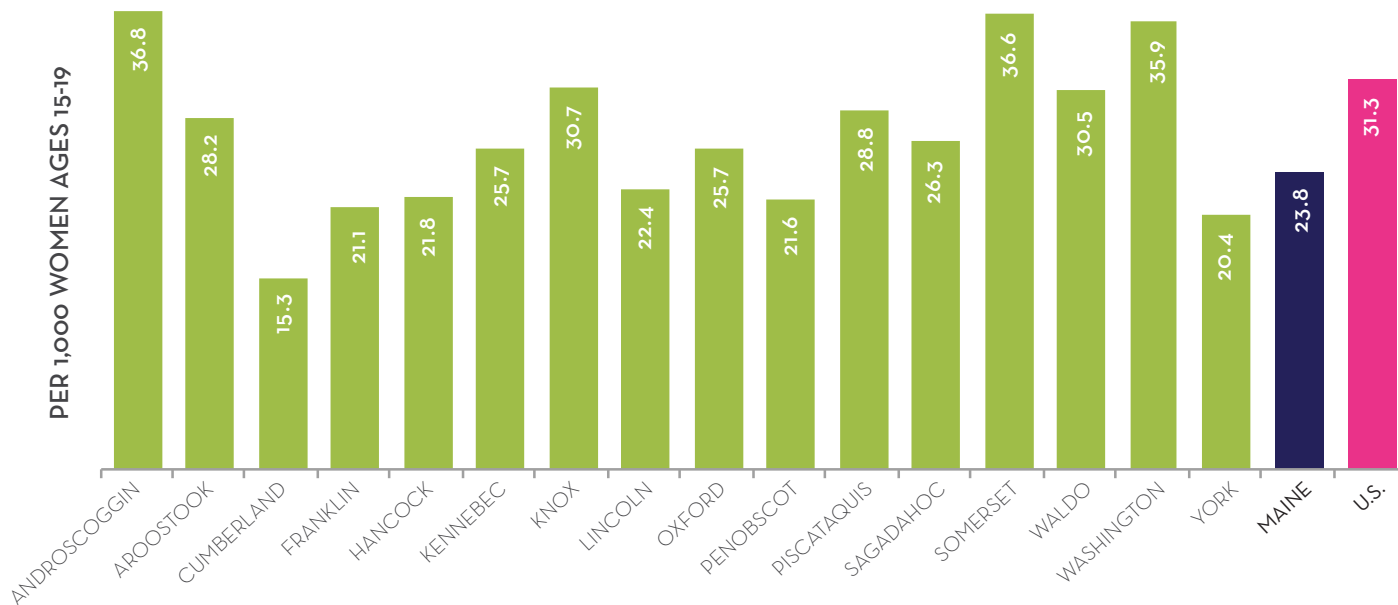
DEMOGRAPHICS

From July 2011 to July 2012, 10 of Maine's counties had more deaths than births. Statewide, deaths exceeded births 12,857 to 12,754, making Maine one of only two states—along with West Virginia—where deaths surpassed births. Counties where births exceeded deaths during the 2011-2012 period were Androscoggin, Cumberland, Hancock, Sagadahoc, Waldo, and York. Between 1995 and 2012, births in Maine declined by 8 percent, from 13, 875 to 12,754.⁵

DEMOGRAPHICS

TEEN BIRTH RATE BY COUNTY

Maine, 2005-2011 Average



Maine has one of the lowest teen birth rates in the nation, ranking 45 (in 2011) for births among 15-19 year olds. Since 1991 the teen birth rate has dropped by 52 percent in Maine, consistent with a 49 percent drop in the national teen birth rate.⁶

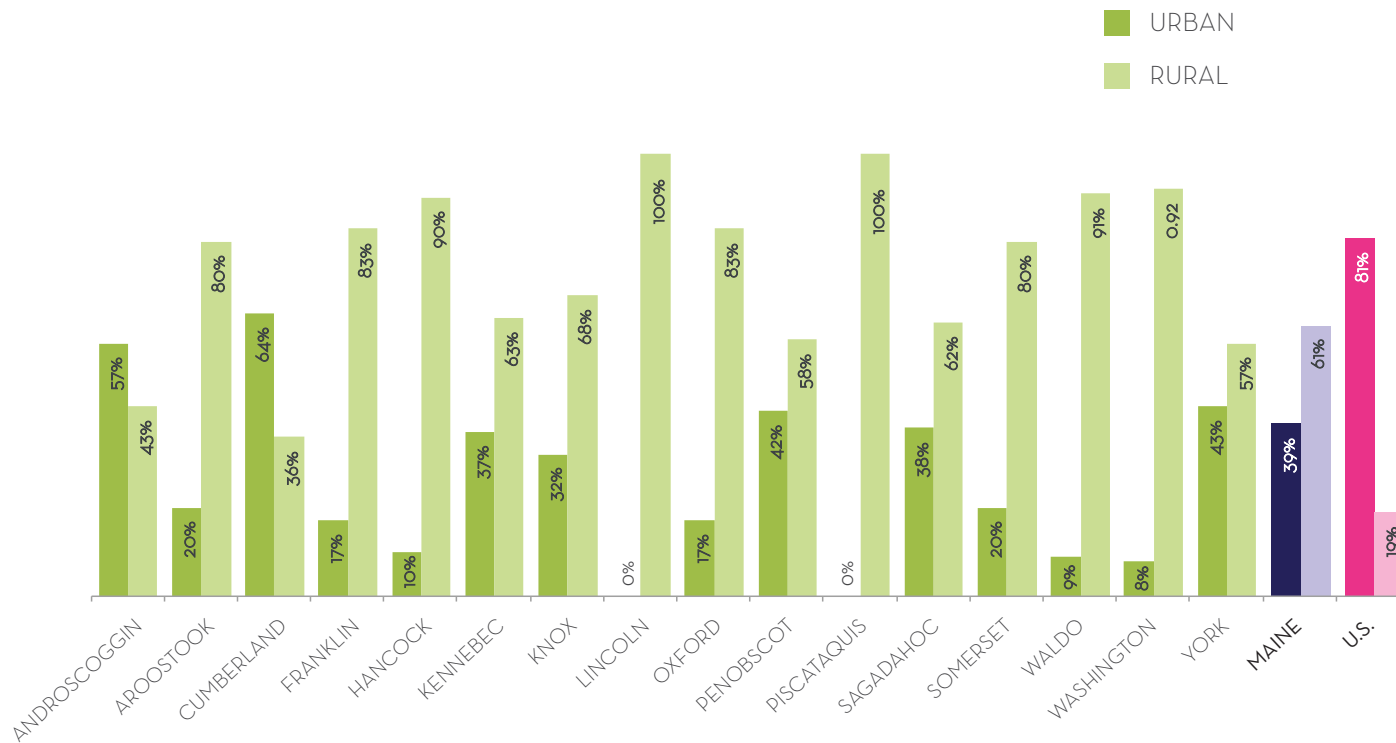
MAINE SOURCE: National Center for Health Statistics, National Vital Statistics System, Teen Births. Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/factors/14/data>. Accessed August 25, 2014.

U.S. SOURCE: National Center for Health Statistics, National Vital Statistics Reports. Available at: www.cdc.gov/nchs. Accessed on September 25, 2014.

DEMOGRAPHICS

PERCENT URBAN AND RURAL POPULATION BY COUNTY

Maine, 2010



The Census Bureau reports that Maine was the most rural state in 2010, with 61.3 percent of the state's population living in rural areas. While the portion of the U.S. population living in urban areas increased between 2000 and 2010, Maine's urban population dropped slightly from 40 to 39 percent, one of only four states to become more rural over that time period.⁷

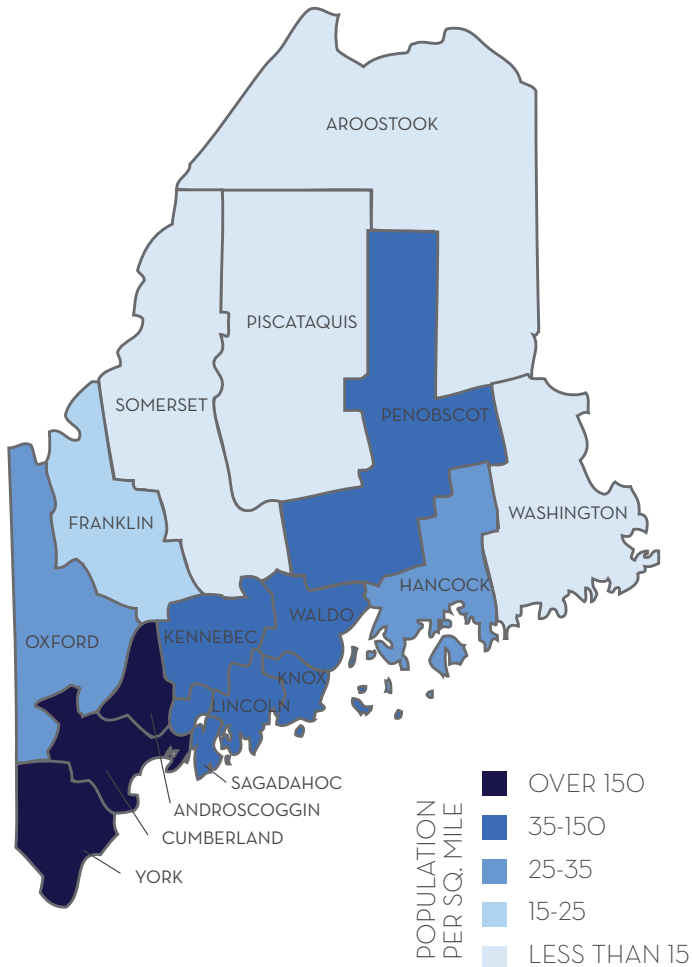
NOTE: The 2010 Census defines an urban area as a territory that meets minimum population density requirements and encompasses at least 2,500 people and at least 1,500 must reside outside institutional group quarters. All other areas are rural.

SOURCE: U.S. Census Bureau, 2010 Census Urban and Rural Classifications and Urban Area Criteria. Available at: <http://www.census.gov/geo/reference/ua/urban-rural-2010.html>. Accessed on July 18, 2014.

DEMOGRAPHICS

Population density varies throughout Maine, with the most densely populated areas in the southern counties of York, Cumberland, Androscoggin, and Sagadahoc. Density ranges from a high of 337 per square mile in Cumberland County to 4.4 per square mile in Piscataquis County. Statewide density is 43.1 per square mile, half the U.S. figure of 87.4.

POPULATION DENSITY BY COUNTY Maine, 2010



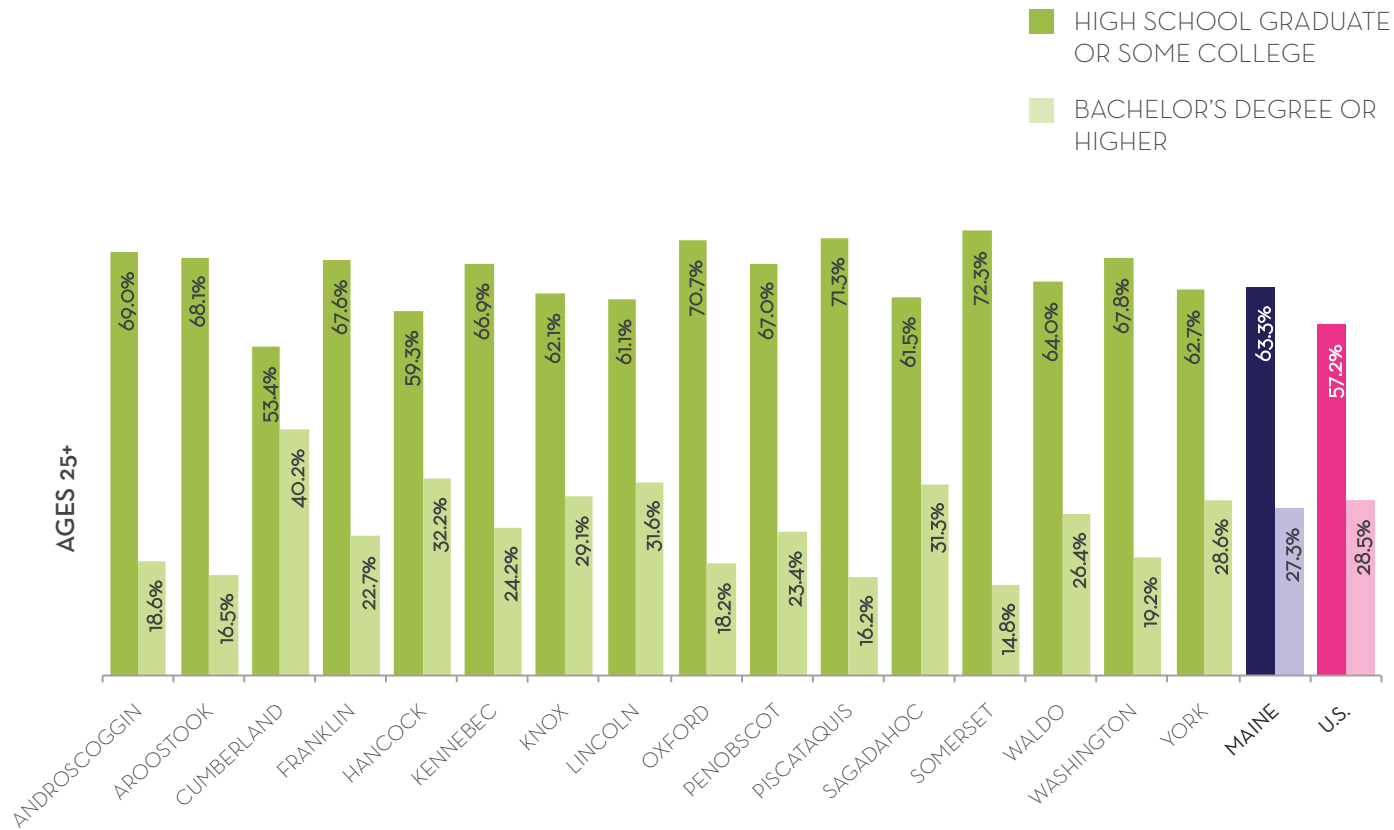
COUNTY	LAND AREA (SQ. MI)	PERSON PER SQ. MI
Androscoggin	467.93	230.2
Aroostook	6,671.33	10.8
Cumberland	835.24	337.2
Franklin	1,696.61	18.1
Hancock	1,586.89	34.3
Kennebec	867.52	140.8
Knox	365.13	108.8
Lincoln	455.82	75.6
Oxford	2,076.84	27.8
Penobscot	3,397.36	45.3
Piscataquis	3,960.86	4.4
Sagadahoc	253.70	139.1
Somerset	3,924.40	13.3
Waldo	729.92	53.1
Washington	2,562.66	12.8
York	990.71	199.0
Maine	30,842.92	43.1
U.S.	3,087,45,538.00	87.4

SOURCE: U.S. Census Bureau, United States Census 2010, State & County Quickfacts. Available at: <http://quickfacts.census.gov/qfd/states/23/23031.html>. Accessed on July 8, 2014.

DEMOGRAPHICS

EDUCATION ATTAINMENT BY COUNTY

Maine, 2008-2012 Average



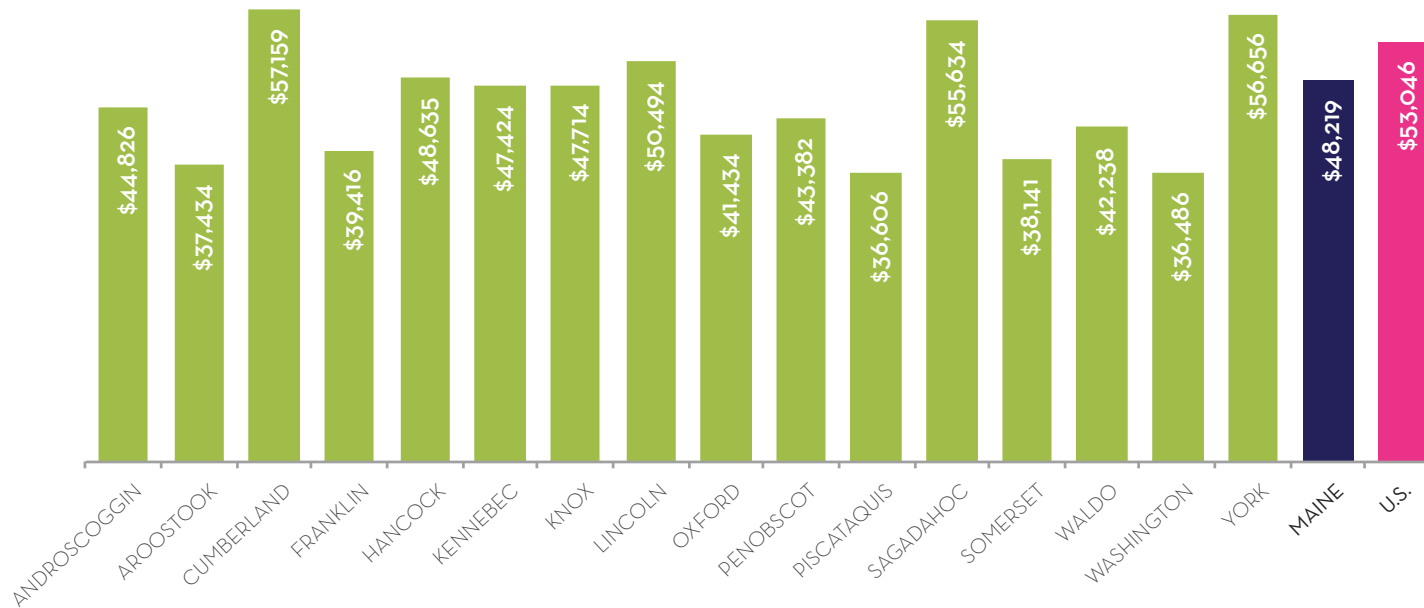
Over the 2008-2012 time period, 63 percent of adults in Maine had a high school degree or some college, compared to 57 percent nationwide. In 2012, 9.4 percent of Mainers 25 or older did not have a high school degree, compared to 14.3 non-graduates nationwide.⁸

SOURCE: U.S. Census, Statistics from American Community Survey 2008-2012. As found in American Fact Finder. Available at: <http://factfinder2.census.gov/>. Accessed on July 8, 2014.

DEMOGRAPHICS

MEDIAN HOUSEHOLD INCOME BY COUNTY

Maine, 2008-2012 Average



Median household income varies among Maine counties, from a high of \$57,159 in Cumberland County to \$36,486 in Washington County. Incomes tend to be higher in the southern parts of the state, including Cumberland, Sagadahoc, and York counties, and in Portland, Lewiston, Augusta, and Bangor.

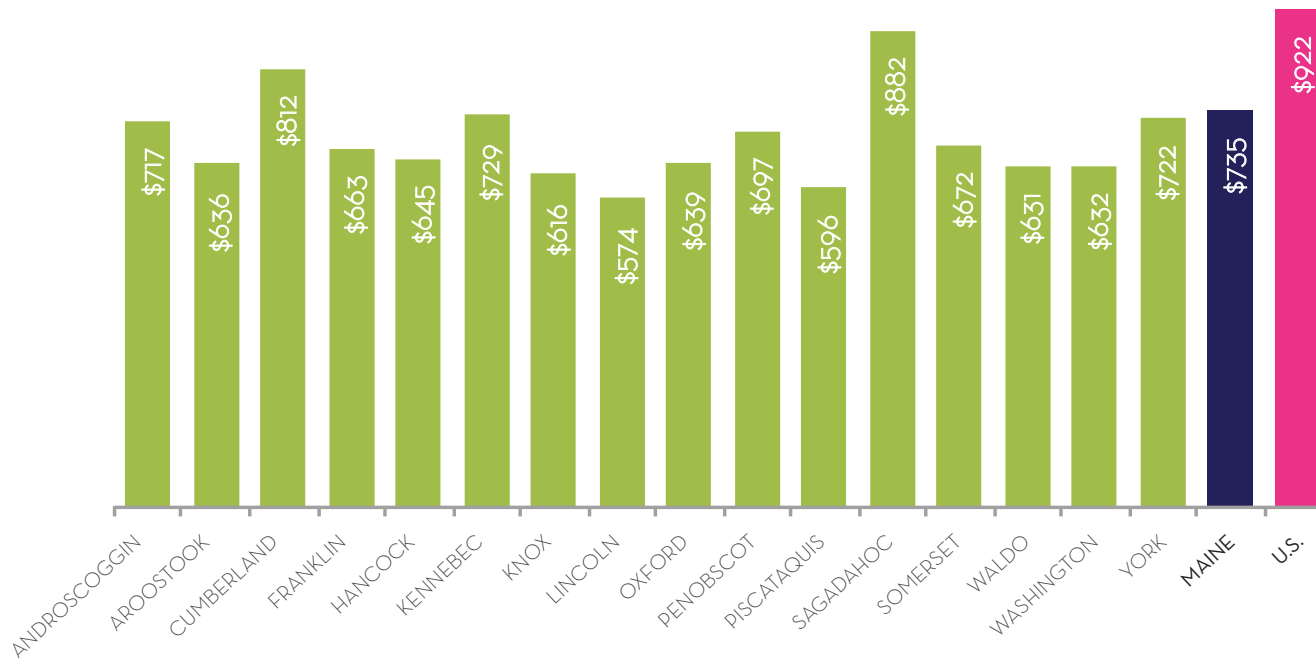
NOTE: In 2012, inflation adjusted dollars.

SOURCE: U.S. Census Bureau, Statistics from the American Community Survey 2008-2012. As found in State & County Quickfacts. Available at: <http://quickfacts.census.gov/qfd/states/23000.html>. Accessed on August 14, 2014.

DEMOGRAPHICS

WEEKLY WAGE BY COUNTY

Maine, 2013



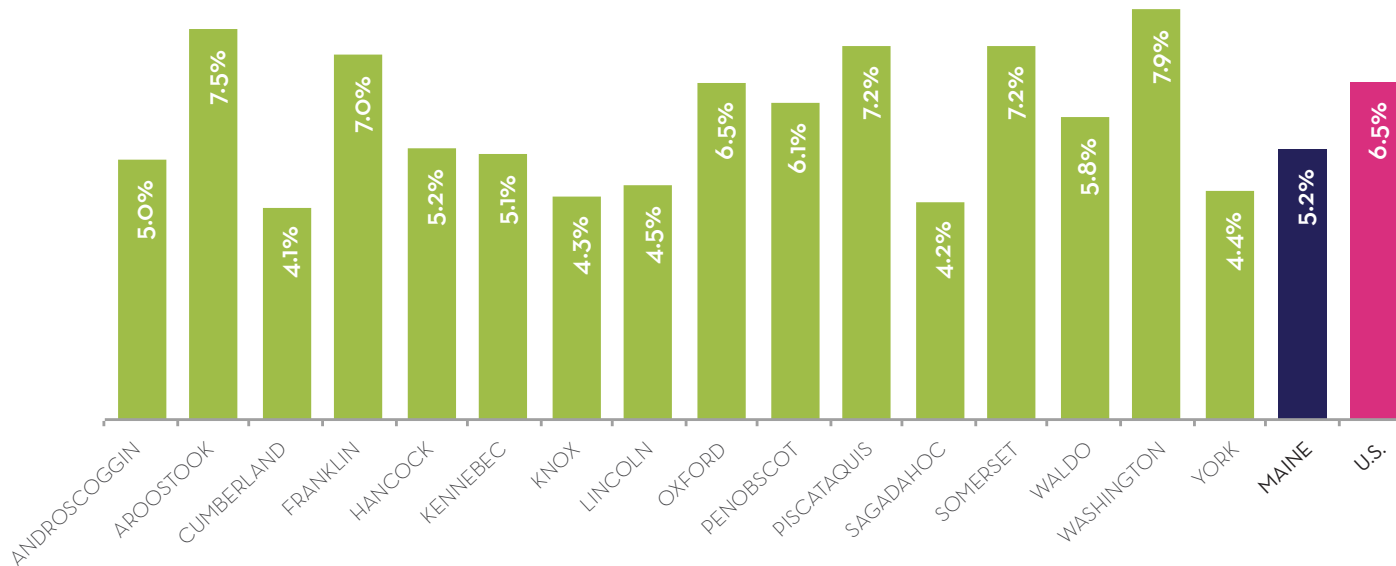
While Maine's weekly wage varied by county in 2013, even those counties with the highest weekly wages—Sagadahoc (\$882) and Cumberland (\$812)—still were below the national average of \$922 per week. The lowest weekly wages were in Lincoln (\$574) and Piscataquis (\$596) counties.

NOTE: Data is from third quarter 2013.

SOURCE: U.S. Bureau of Labor Statistics, *County Employment and Wages in Maine - Third Quarter 2013*. Available at: <http://www.bls.gov/ro1/meqcew.htm>. Accessed on August 15, 2014.

UNEMPLOYMENT RATE BY COUNTY

Maine, July 2014



NOTE: Unemployment rates are not seasonally adjusted.

SOURCE: Maine Department of Labor, Center for Workforce Research and Information, *Unemployment and Labor Force*. Available at: <http://www.maine.gov/labor/cwri/laus.html>. Accessed on September 20, 2014.

DEMOGRAPHICS

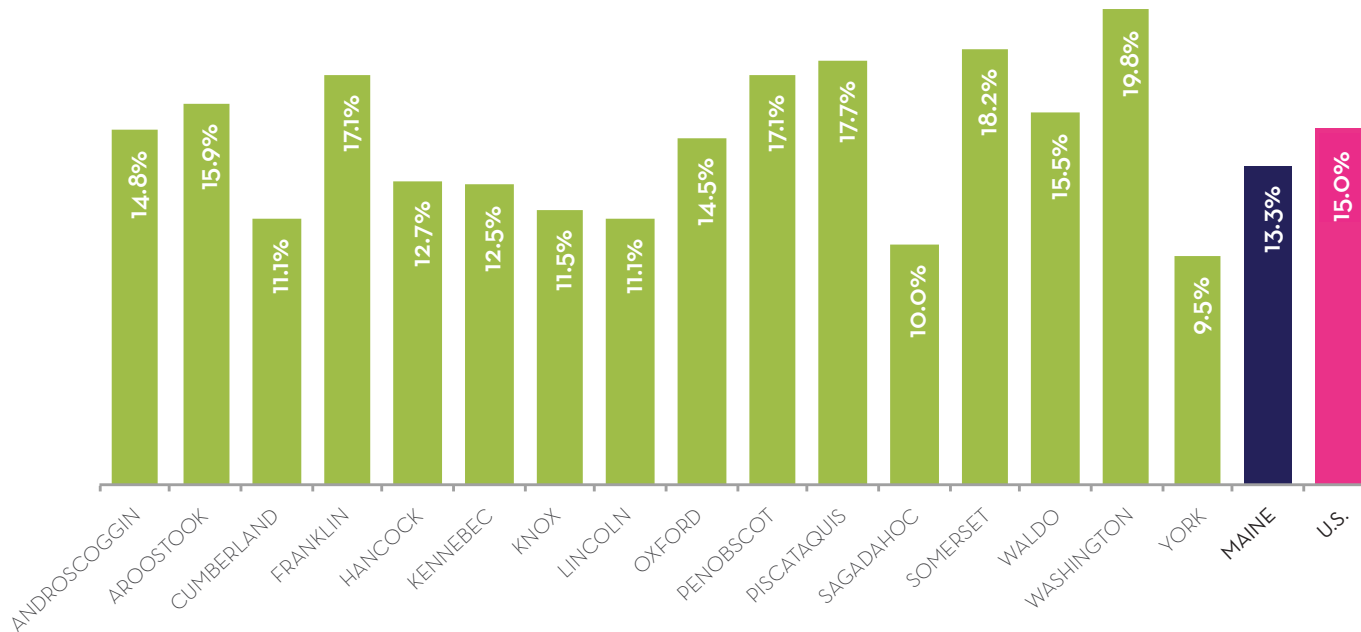
Maine's 5.2 percent unemployment rate* in July of 2012 was below the national average of 6.5 percent. However, unemployment in several counties exceeded the national rate. Over the past five years, Maine's unemployment rate (in July) has been steadily declining, dropping from 7.9 percent in 2009 to 7.8 percent in 2010, 7.4 percent in 2011, 7.1 percent in 2012, and 6.3 percent in 2013.

*Not seasonally adjusted.

DEMOGRAPHICS

PERCENT LIVING IN POVERTY BY COUNTY

Maine, 2008-2012 Average



Maine's 2012 poverty rate of 13.3 percent was below the national average of 15.0 percent, but the highest among New England states. Poverty rates varied from a high of 19.8 percent in Washington County to 9.5 percent in York, and were higher among children, with one in five Maine children living in poverty.⁹

NOTE: The Federal poverty level for a family of 4 living within the contiguous 48 states was \$23,850 per year in 2012.

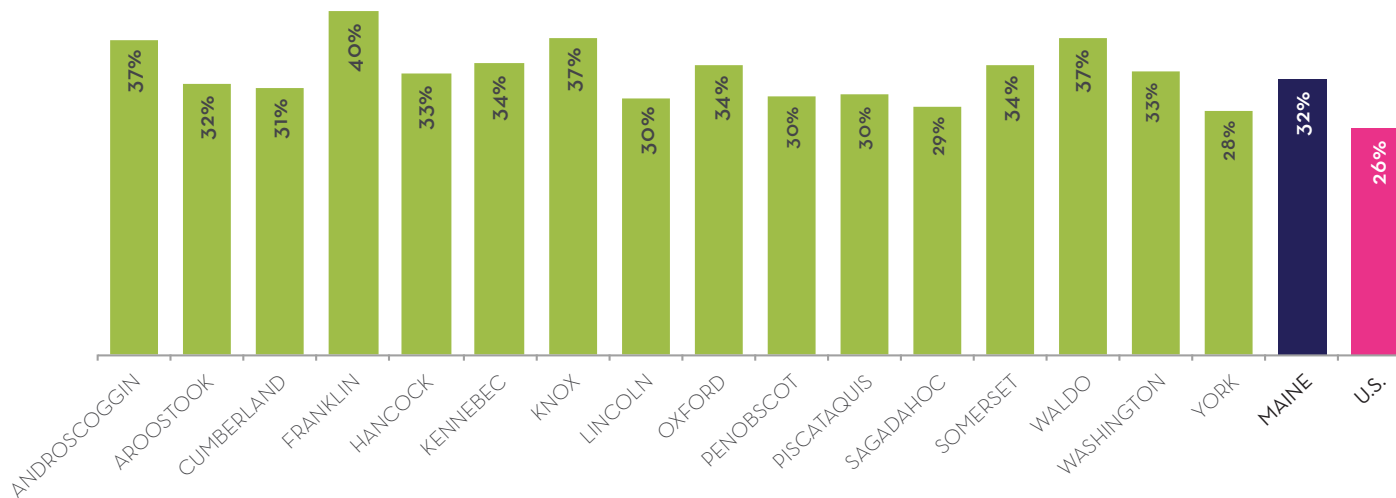
SOURCE: U.S. Census Bureau, Statistics from the American Community Survey 2008-2012. As found in State & County Quickfacts. Available at: <http://quickfacts.census.gov/>. Accessed on July 8, 2014.

DEMOGRAPHICS

Over the 2008-2012 time period, nearly one-third of children in Maine lived in single parent households, compared to approximately one quarter of children nationally. The number of children in single family households rose from 69,000 in 2000 to as high as 90,000 in 2010, before declining to 85,000 in 2012.¹⁰

PERCENT OF CHILDREN IN SINGLE PARENT HOUSEHOLDS BY COUNTY

Maine, 2008-2012 Average



NOTE: This measures the percent of all children in family households that live in a household headed by a single parent (male or female head of household with no spouse present).

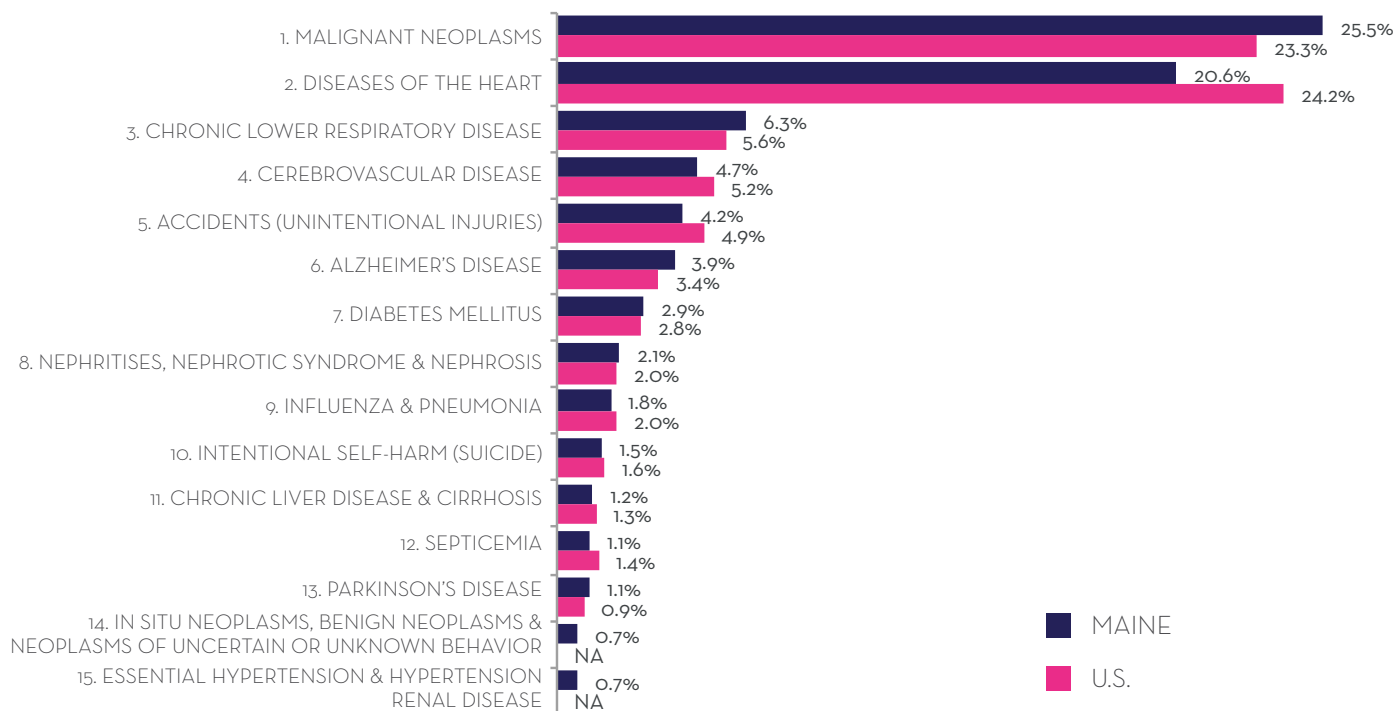
SOURCE: United States Census Bureau, American Community Survey, 5-year estimates, Children in Single-Parent Households. As found in County Health Rankings and Roadmaps. Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/factors/82/policies>. Accessed on August 25, 2014.

HEALTH STATUS

Strictly speaking, health status measures provide a general overview of the health of a population. These measures often include life expectancy and mortality rates, functional status and days of ill-health or disability, and the prevalence of chronic disease. Here we use the term more generally, and present measures related to not only the prevalence of particular conditions like diabetes and heart disease, but the impact of those conditions on the utilization of certain services. As shown in the following pages, just as the demographics of the population varies across the state, so too does health status.

TOP 15 CAUSES OF DEATH

Maine vs U.S., 2010



HEALTH STATUS

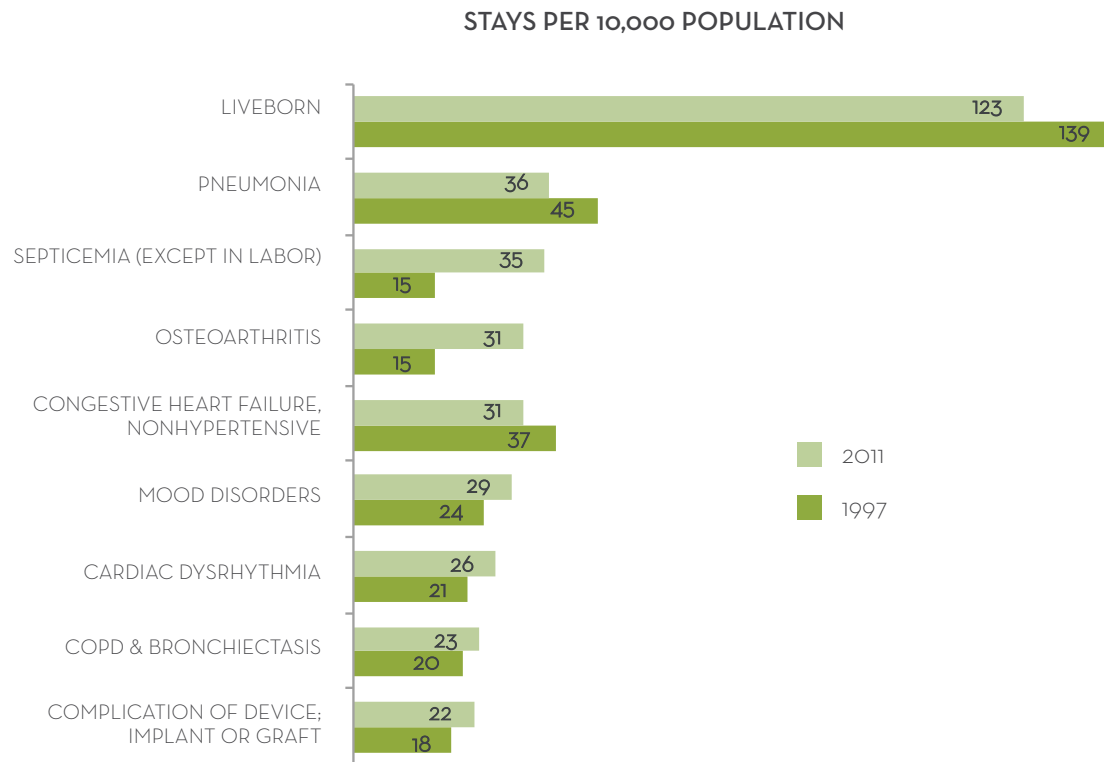
The 10 leading causes of death in Maine in 2000 were similar to the leading causes of death a decade later, in 2010.

1. Diseases of the heart - 27.5%
2. Malignant Neoplasms - 24.9%
3. Cerebrovascular diseases - 6.7%
4. Chronic respiratory disease - 6.2%
5. Alzheimer's disease - 3.8%
6. Accidents (unintentional injuries) - 3.3%
7. Diabetes mellitus - 2.9%
8. Influenza and pneumonia - 2.7%
9. Nephritis, nephrotic syndrome and nephrosis - 1.4%
10. Intentional self-harm (suicide) - 1.2%

SOURCE: Centers for Disease Control and Prevention/National Center for Health Statistics. Deaths, percent of total deaths, and death rates for the 15 leading causes of death: United States and each state. 2010 data available at: http://www.cdc.gov/nchs/data/dvs/LCWK9_2010.pdf. 2000 data available at: http://www.cdc.gov/nchs/data/dvs/LCWK9_2000.pdf. Accessed on August 20, 2014.

HEALTH STATUS

LEADING CAUSES OF HOSPITALIZATION U.S., 1997 and 2011



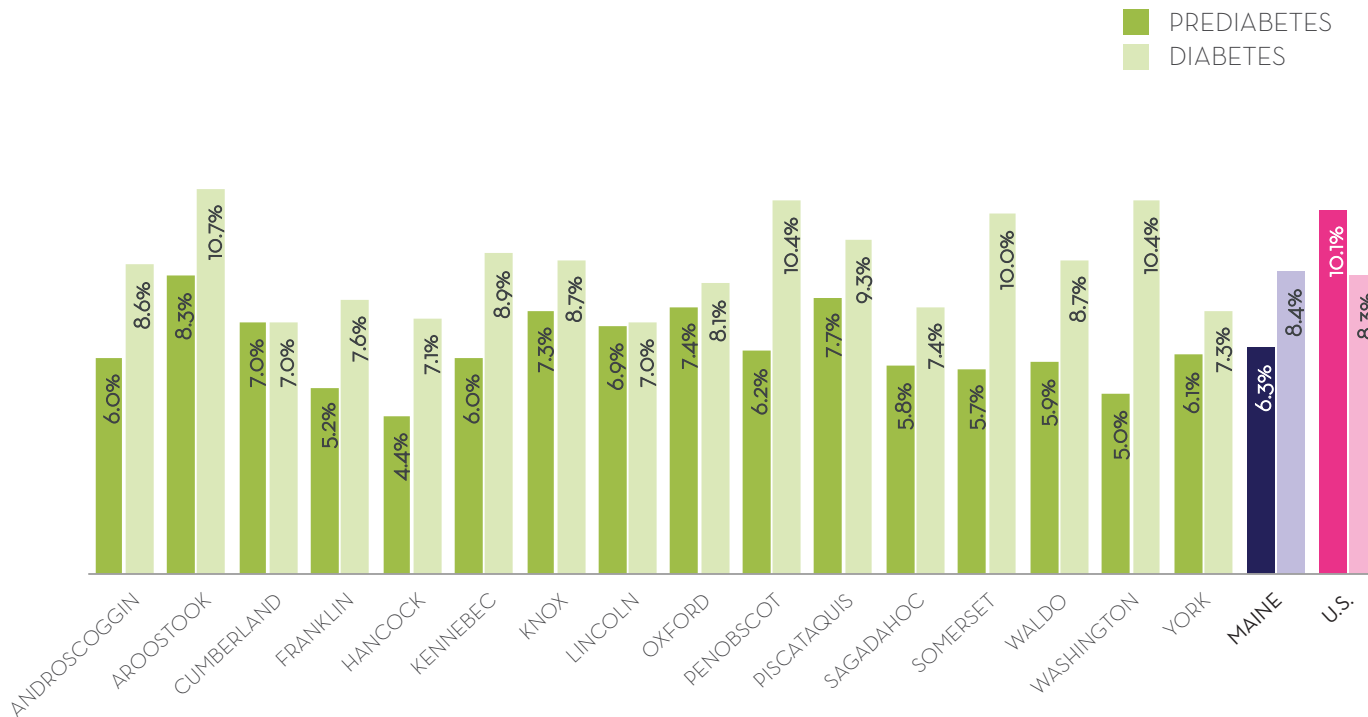
Several of the top causes of hospitalization in 2011 consistently have been major contributors to hospitalizations over the past 15 years. Rates of hospitalization for other conditions, including septicemia and osteoarthritis, have increased substantially since 1997. Ranked 3rd and 4th in 2011, they were not among the top ten in 1997. Hospitalization rates for other conditions have declined, including coronary atherosclerosis and acute myocardial infarctions, which were among the top five causes of hospitalization in 1997.

SOURCE: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), Nationwide Inpatient Sample (NIS), 2011. As found in Anne Pfunter, Lauren M. Wier, and Carol Stocks, *Statistical Brief #162: Most Frequent Conditions in U.S. Hospitals 2011*. Available at: <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb162.jsp>. Accessed on September 20, 2014. Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 1997 and 2009. As found in *HCUP Facts and Figures, Statistics on Hospital-Based Care in the United States, 2009, Exhibit 2.2 Most Frequent Principal Diagnoses*. Available at: http://www.hcup-us.ahrq.gov/reports/factsandfigures/2009/exhibit2_2.jsp. Accessed on September 20, 2014.

HEALTH STATUS

ADULT PREDIABETES AND DIABETES BY COUNTY

Maine, 2008-2010 Average



Maine's diabetes rate

traditionally has been similar to the national rate, with the state's 2010 diabetes rate the same as the U.S. rate. Prevalence in the state varies across different populations, with both diabetes and prediabetes prevalence significantly higher among those 65 and older, for example. Diabetes prevalence also decreases with higher levels of education, and among higher income groups.¹¹

NOTE: Percentages of prediabetes for Franklin, Hancock, Piscataquis, Sagadahoc, Somerset, Waldo, and Washington counties are based on small samples and may be unreliable; use with caution. U.S. data is for 2008 only.

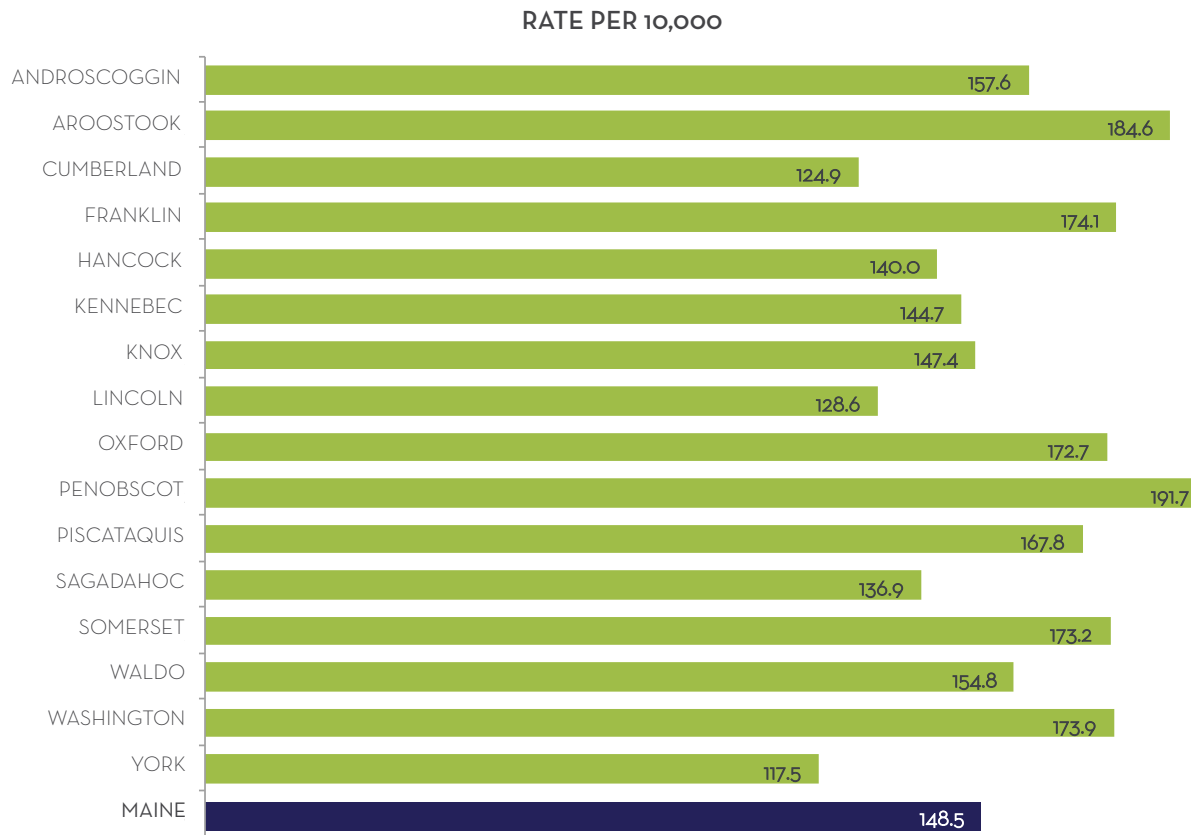
SOURCE: Maine Center for Disease Control and Prevention, *Diabetes Surveillance Report, Maine 2012*. Available at: http://www.maine.gov/dhhs/mecdc/population-health/dcp/documents/Diabetes_Surveillance_Report_2012.pdf. Accessed on July 7, 2014

HEALTH STATUS

After declining throughout the 2000 to 2005 period, diabetes hospitalizations have been increasing over the last several years. Men are significantly more likely to be hospitalized for diabetes than women, with a rate that was more than 31 percent higher in 2009. Older age groups also have higher hospitalization rates, with those over 65 years old experiencing rates four times higher than those under 35 years old.¹²

DIABETES-RELATED HOSPITAL DISCHARGES BY COUNTY

Maine, 2009-2011 Average



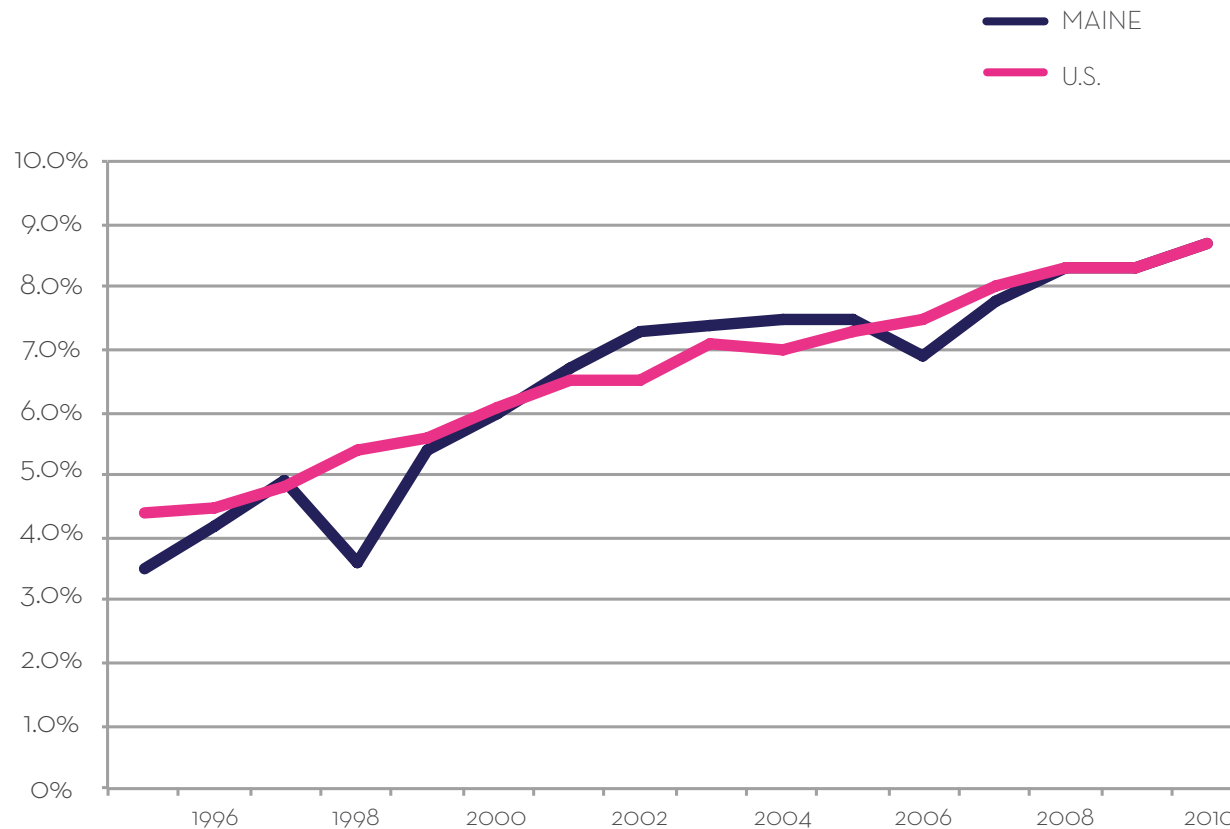
NOTE: Age-adjusted rates are hospital discharges per 10,000 population age-adjusted to the US 2000 standard population. Diabetes-related hospital discharges are defined as hospital discharges in which the principal diagnosis was coded as ICD-9-CM 250.

SOURCE: *Maine Hospital Inpatient Database, Maine Health Data Organization; analyzed by Maine Center for Disease Control and Prevention, Division of Population Health Epidemiology Team, January 2014. Provided on September 11, 2014.*

HEALTH STATUS

ADULT DIABETES PREVALENCE TREND

Maine vs. U.S., 1995-2010



Over the past 15 years both Maine and national diabetes rates have been increasing, with the Maine rate rising from 3.5 percent in 1995 to 8.7 percent in 2010. Trends in prediabetes rates have only recently become available, and have been relatively steady over the 2008-2010 period.¹²

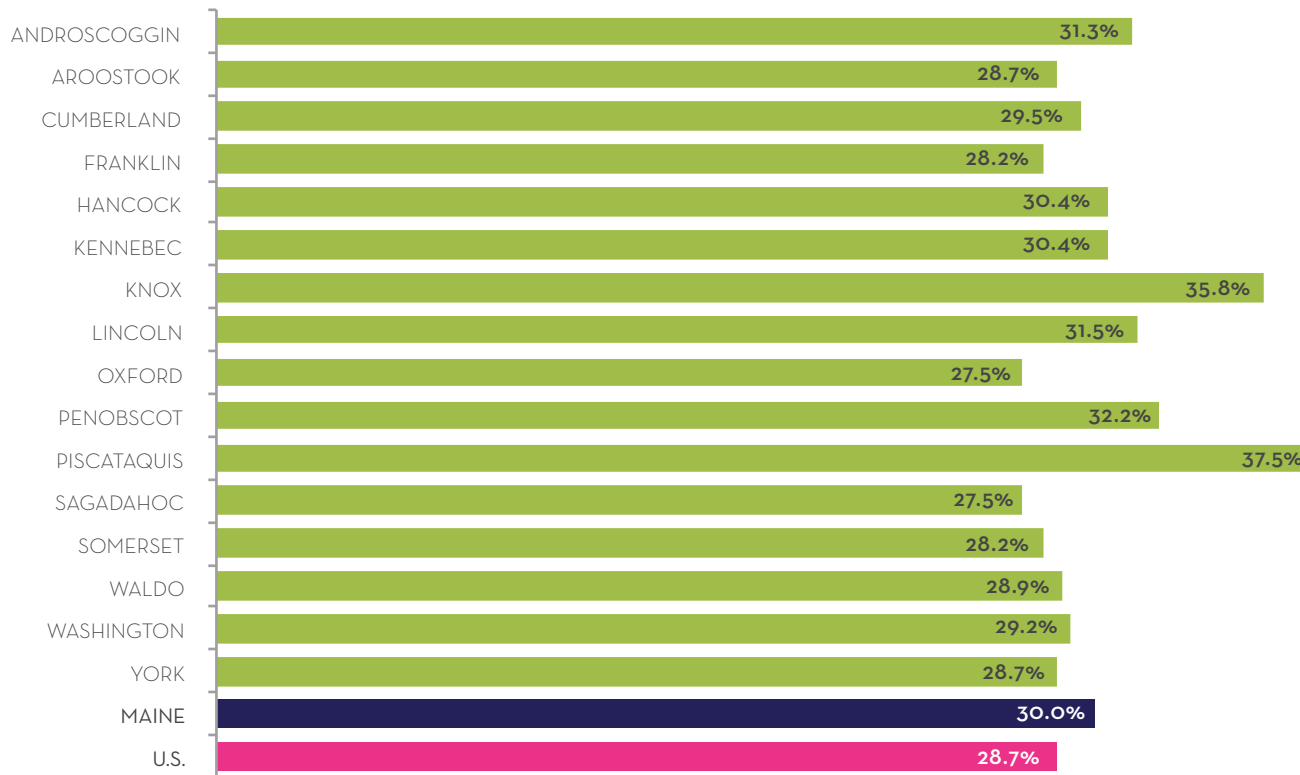
SOURCE: Behavioral Risk Factor Surveillance Survey Prevalence and Trends Data. Available at: <http://apps.nccd.cdc.gov/brfss/>. Accessed on September 20, 2014.

HEALTH STATUS

Nearly one in three Mainers have high blood pressure, similar to national hypertension rates. Hypertension rates increase with age and although men and women have similar prevalence overall, men have higher rates among younger age groups, while women's rates are higher among those aged 65 and older.¹³

ADULT HYPERTENSION PREVALENCE BY COUNTY

Maine, 2009

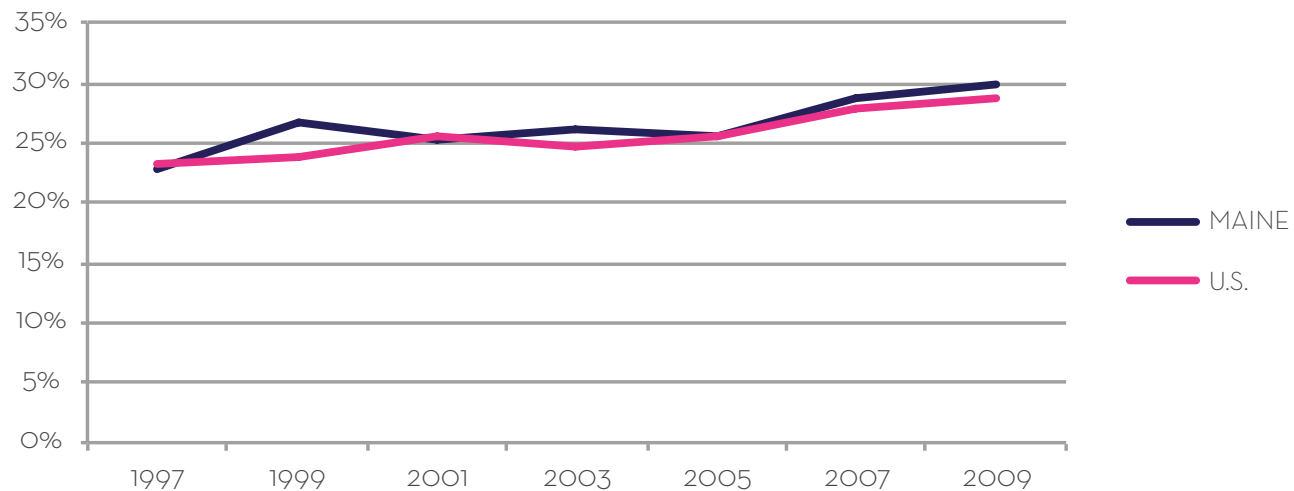


SOURCE: Maine Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, *The Burden of Cardiovascular Disease in Maine 2012*. Available at: <http://mainehearthealth.org/sites/default/files/Full%20CVD%20Burden%20Report%202-7-13.pdf>. Accessed on August 26, 2014.

HEALTH STATUS

ADULT HYPERTENSION PREVALENCE TREND

Maine vs. U.S., 1997-2009



Since the late 1990s

hypertension rates have been

increasing both in Maine

and nationally. In Maine,

hypertension prevalence has

grown from 23 percent in 1997

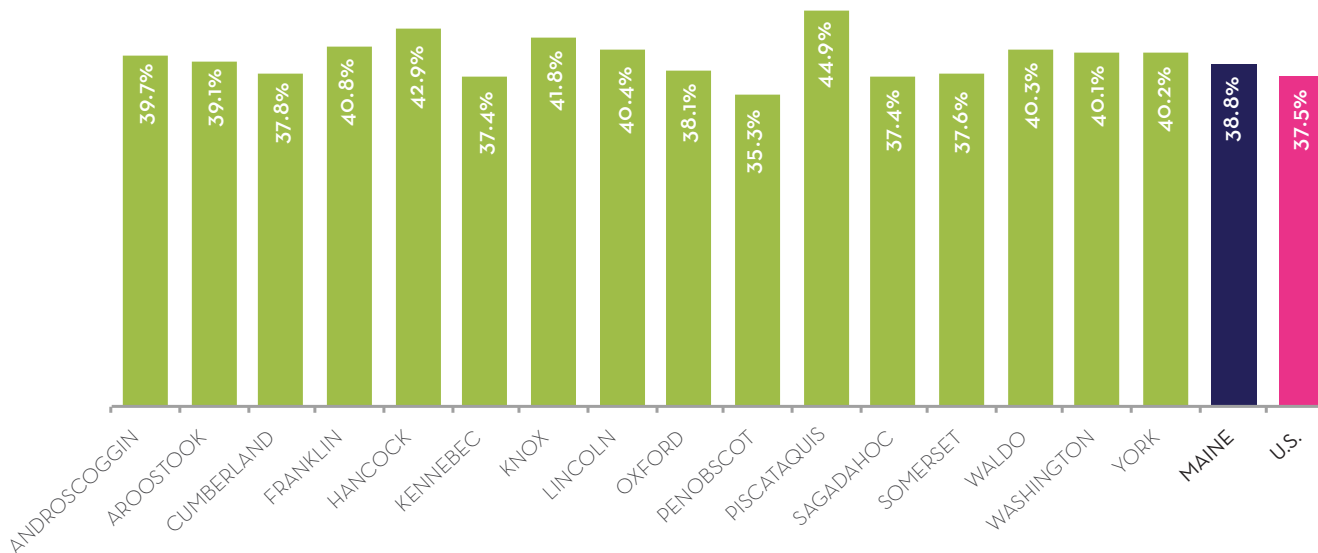
to 30 percent in 2009—a more

than 30 percent increase.

SOURCE: Maine Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, *The Burden of Cardiovascular Disease in Maine 2012*. Available at: <http://mainehearthealth.org/sites/default/files/Full%20CVD%20Burden%20Report%202-7-13.pdf>. Accessed on August 26, 2014.

HEALTH STATUS

ADULT HIGH CHOLESTEROL PREVALENCE BY COUNTY Maine, 2009



NOTE: Prevalence among BRFSS respondents who reported having their blood cholesterol levels checked within the past five years.

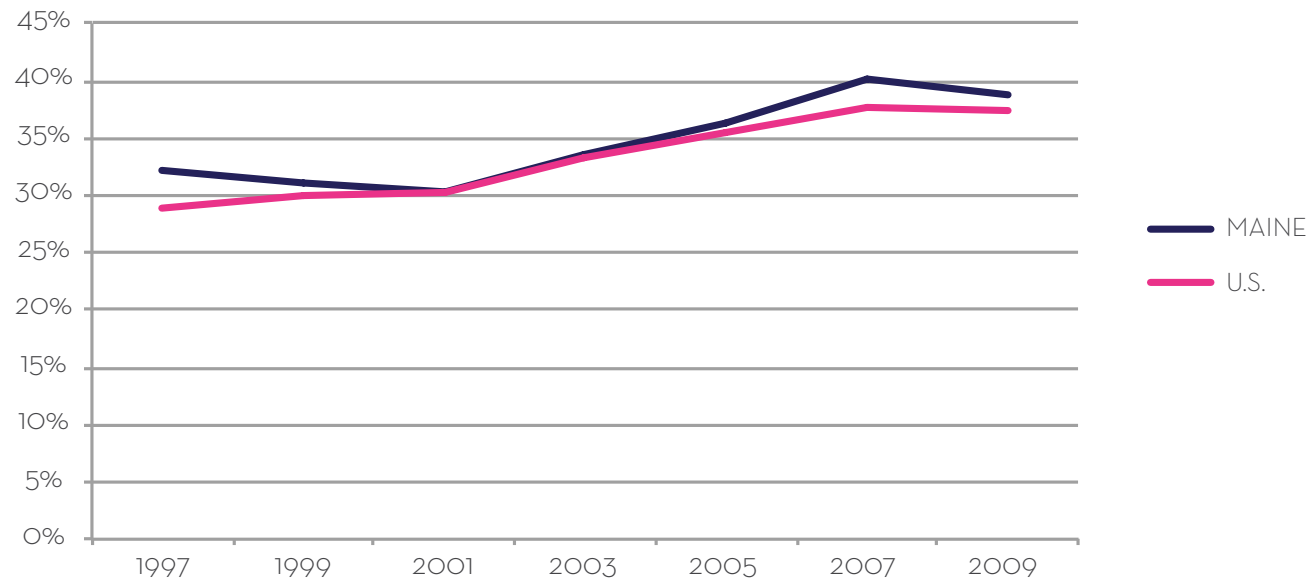
SOURCE: Maine Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, The Burden of Cardiovascular Disease in Maine 2012. Available at: <http://mainehearthealth.org/sites/default/files/Full%20CVD%20Burden%20Report%202-7-13.pdf>. Accessed on August 26, 2014.

The prevalence of high cholesterol among adults in Maine is consistent with national prevalence rates. While cholesterol rates for men and women have historically been similar, since 2001 the prevalence rate among men has increased by a greater amount. By 2009 prevalence among men was 42 percent, compared to 36 percent for women.¹⁴

HEALTH STATUS

ADULT HIGH CHOLESTEROL PREVALENCE TREND

Maine vs. U.S., 1997-2009



After remaining relatively steady from 1997 to 2001, since that time high cholesterol rates have increased significantly both in Maine and nationally, rising from 32 percent in 1997 to nearly 39 percent in 2009 in Maine, and from 29 percent to nearly 38 percent nationally.¹⁴

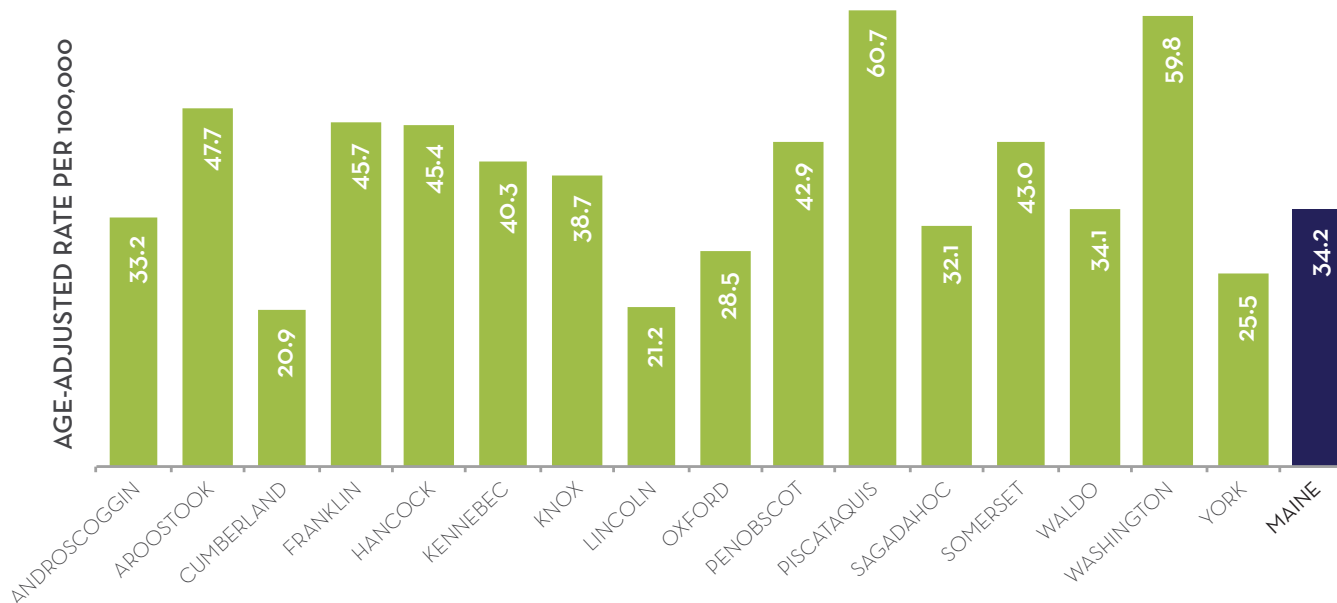
NOTE: Prevalence among *BRFSS* respondents who reported having their blood cholesterol levels checked within the past five years

SOURCE: Maine Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, *The Burden of Cardiovascular Disease in Maine 2012*. Available at: <http://mainehearthealth.org/sites/default/files/Full%20CVD%20Burden%20Report%202-7-13.pdf>. Accessed on August 26, 2014.

HEALTH STATUS

Between 2000 and 2011, the acute myocardial infarction death rate per 100,000 in Maine was cut in half, dropping from 60.6 in 2000 down to 30.3 in 2011. Hospitalization rates have also experienced a decline, decreasing by over 30% between 2000 and 2009.¹⁵

ACUTE MYOCARDIAL INFARCTION DEATHS BY COUNTY Maine, 2007-2011 Average



NOTE: Rates are age adjusted; county rates may be slightly underestimated due to missing cause of death information for Maine residents who died out of state in 2010 and 2011. Age-adjusted rates are deaths per 100,000 population age-adjusted to the U.S. 2000 standard population. Acute myocardial infarction deaths are defined as deaths in which the underlying cause of death was coded as ICD-10 I21-I22.

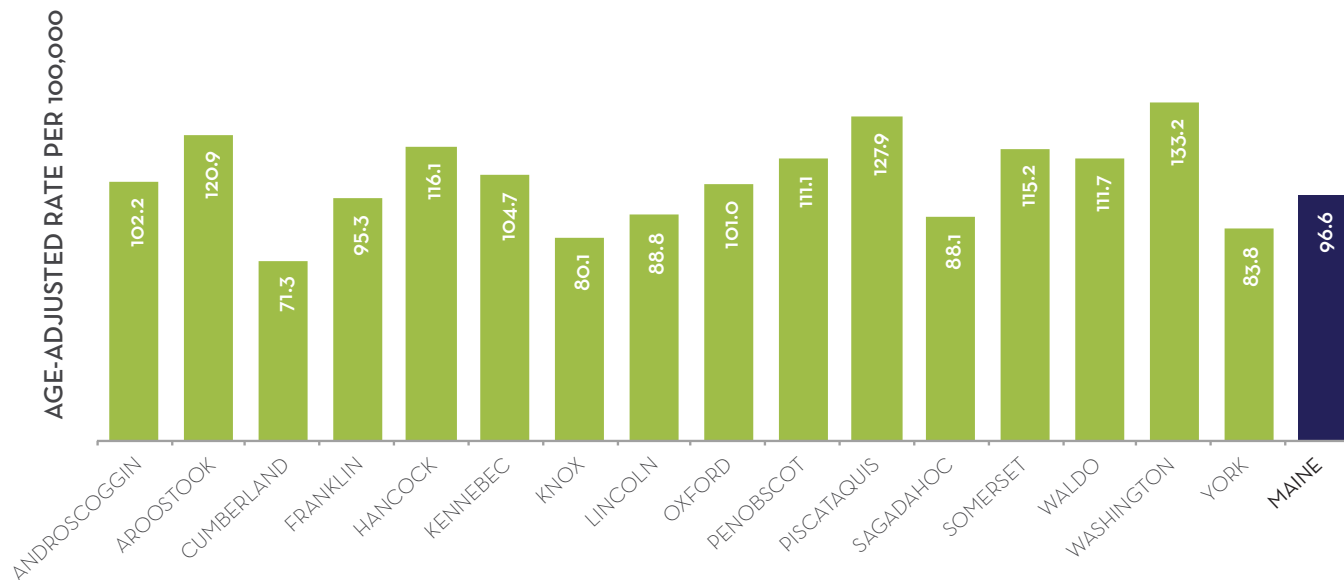
SOURCE: *Maine Mortality Database; Data, Research, and Vital Statistics Program, Maine Center for Disease Control and Prevention.* Available at: <http://www.maine.gov/dhhs/mecdc/phdata/sha/sha-details.shtml?cvh>. Accessed on September 12, 2014.

HEALTH STATUS

In 2009, coronary heart disease deaths made up 62 percent of all heart disease deaths—and accounted for 13 percent of all Maine deaths. In 2010, 7.5 percent of Maine’s population reported having a history of coronary heart disease, a prevalence rate that has not changed significantly since 1999. Men have higher rates than women, as do older adults and those with lower education levels.¹⁴

CORONARY HEART DISEASE DEATHS BY COUNTY

Maine, 2007-2011 Average



NOTE: Age-adjusted rates; county rates may be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010 and 2011. Age-adjusted rates are deaths per 100,000 population age-adjusted to the US 2000 standard population. Coronary heart disease deaths are defined as deaths in which the underlying cause of death was coded as ICD-10 I20-I25.

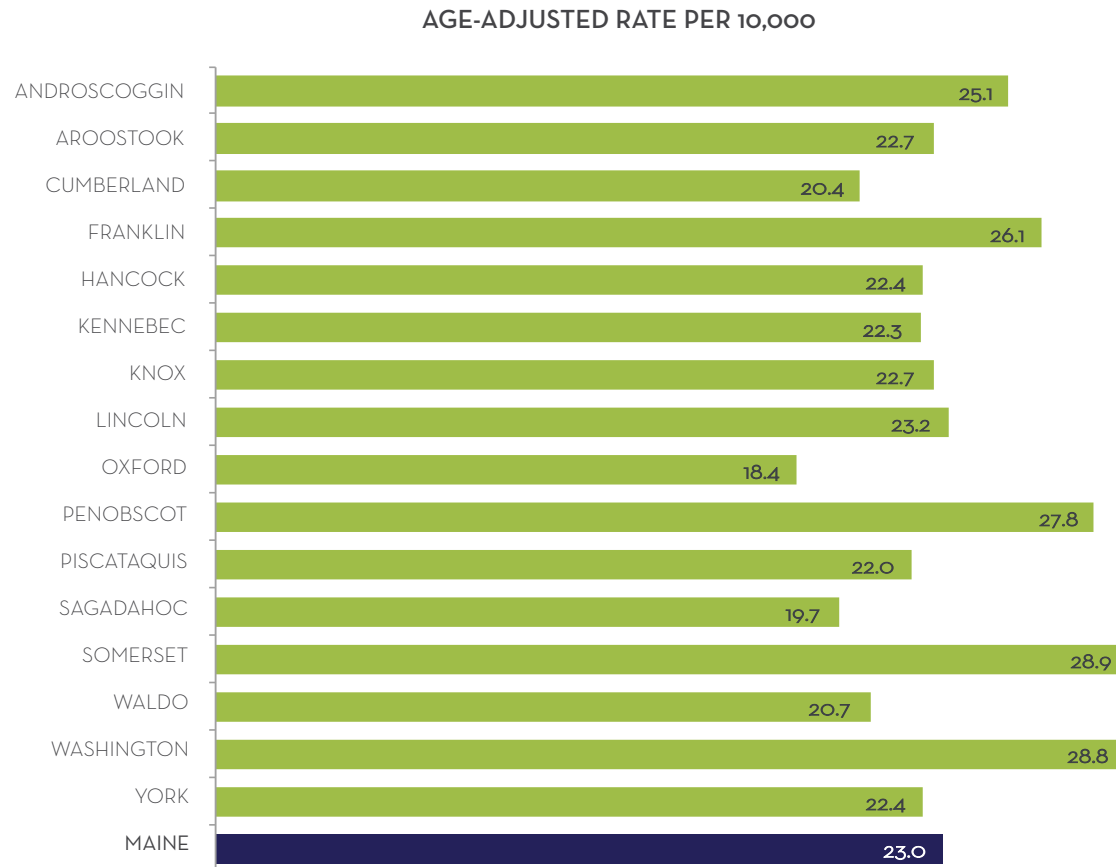
SOURCE: *Maine Mortality Database; Data, Research, and Vital Statistics Program, Maine Center for Disease Control and Prevention. Available at: <http://www.maine.gov/dhhs/mecdc/phdata/sha/sha-details.shtml?cvh>. Accessed on September 12, 2014.*

HEALTH STATUS

Maine's hospitalization rates for congestive heart failure have dropped substantially in recent years, declining from 20.6 per 10,000 in 2006 to 8.5 per 10,000 in 2009. This decline may result from improvements in clinical care/management designed to avoid hospitalization, as well as changes in how such hospitalizations are coded or categorized.¹⁴

HEART FAILURE HOSPITAL DISCHARGES BY COUNTY

Maine, 2009-2011 Average



NOTE: Age-adjusted rates; age-adjusted rates are hospital discharges per 10,000 population age-adjusted to the US 2000 standard population. Heart failure hospital discharges are defined as hospital discharges in which the principal diagnosis was coded as ICD-9-CM 428.

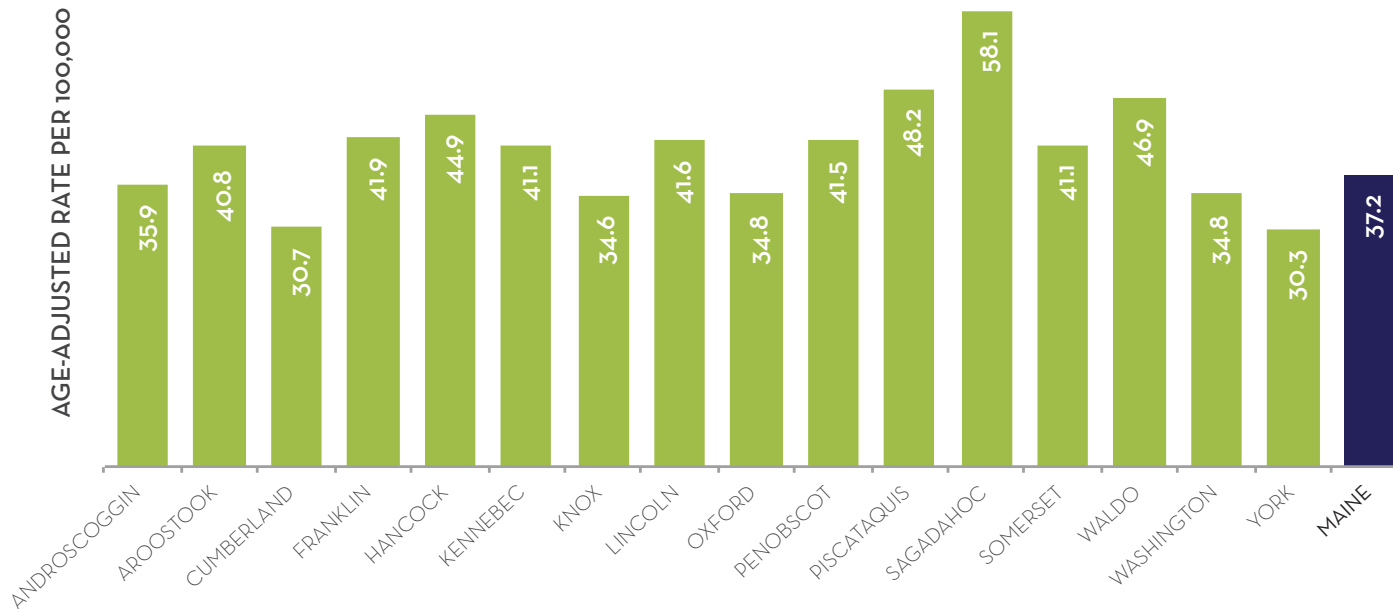
SOURCE: *Maine Hospital Inpatient Database, Maine Health Data Organization; analyzed by Maine Center for Disease Control and Prevention, Division of Population Health Epidemiology Team, January 2014. Provided on September 11, 2014.*

HEALTH STATUS

In Maine, 2.8 percent of adults have a history of stroke. Prevalence does not differ by gender, but is higher among older individuals and those with lower education levels and lower household incomes.¹⁴

STROKE DEATH RATES BY COUNTY

Maine, 2007-2011 Average



NOTE: Age-adjusted rates; county rates may be slightly underestimated due to missing underlying cause of death information for Maine residents who died out of state in 2010 and 2011. Age-adjusted rates are deaths per 100,000 population age-adjusted to the US 2000 standard population. Stroke deaths are defined as deaths in which the underlying cause of death was coded as ICD-10 I60-I69.

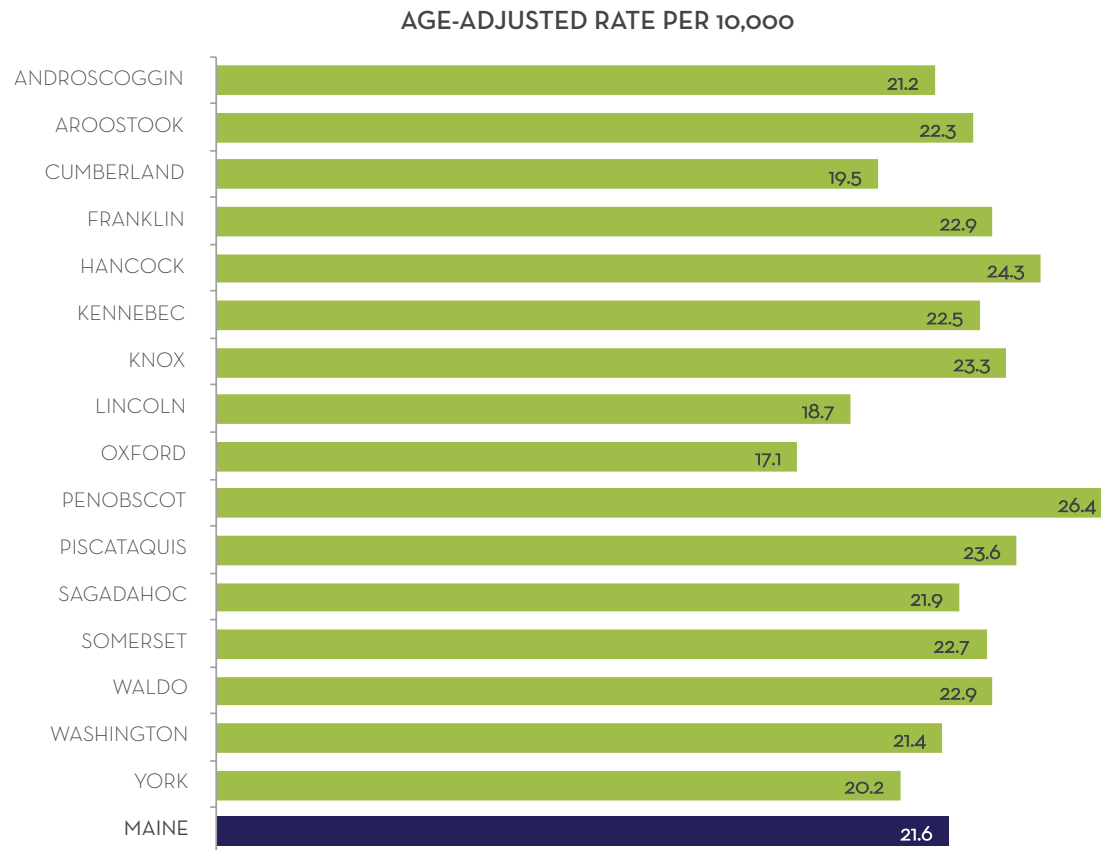
SOURCE: *Maine Mortality Database; Data, Research, and Vital Statistics Program, Maine Center for Disease Control and Prevention.* Available at: <http://www.maine.gov/dhhs/mecdc/phdata/sha/sha-details.shtml?cvh>. Accessed on September 12, 2014.

HEALTH STATUS

Between 1993 and 2009, stroke hospitalization rates in Maine dropped from 26.9 per 10,000 to 21.9 per 10,000. Men were more likely than women to be hospitalized for stroke over this period, and hospitalization rates increased with age, with those 75 and older experiencing hospitalization rates that were more than twice the rates of those aged 65-74.¹⁴

STROKE HOSPITAL DISCHARGES BY COUNTY

Maine, 2009-2011 Average



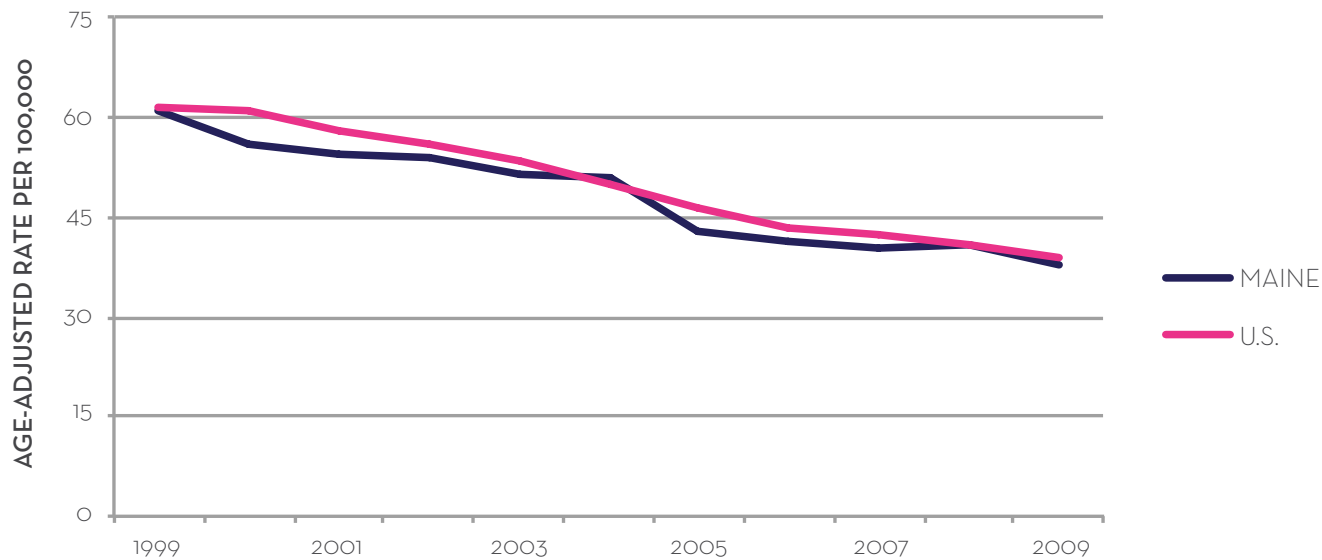
NOTE: Age-adjusted rates; age-adjusted rates are hospital discharges per 10,000 population age-adjusted to the US 2000 standard population. Stroke hospital discharges are defined as hospital discharges in which the principal diagnosis was coded as ICD-9-CM 430-438.

SOURCE: *Maine Hospital Inpatient Database, Maine Health Data Organization; analyzed by Maine Center for Disease Control and Prevention. Division of Population Health Epidemiology Team, January 2014. Provided on September 11, 2014.*

HEALTH STATUS

STROKE DEATH RATES

Maine vs. U.S., 1999-2009



Stroke death rates in Maine and the U.S. have dropped significantly since 1999, with Maine's death rate dropping from 61 per 100,000 in 1999 to 38 per 100,000 in 2009. Stroke death rates in 2009 were similar among men and women.¹⁴

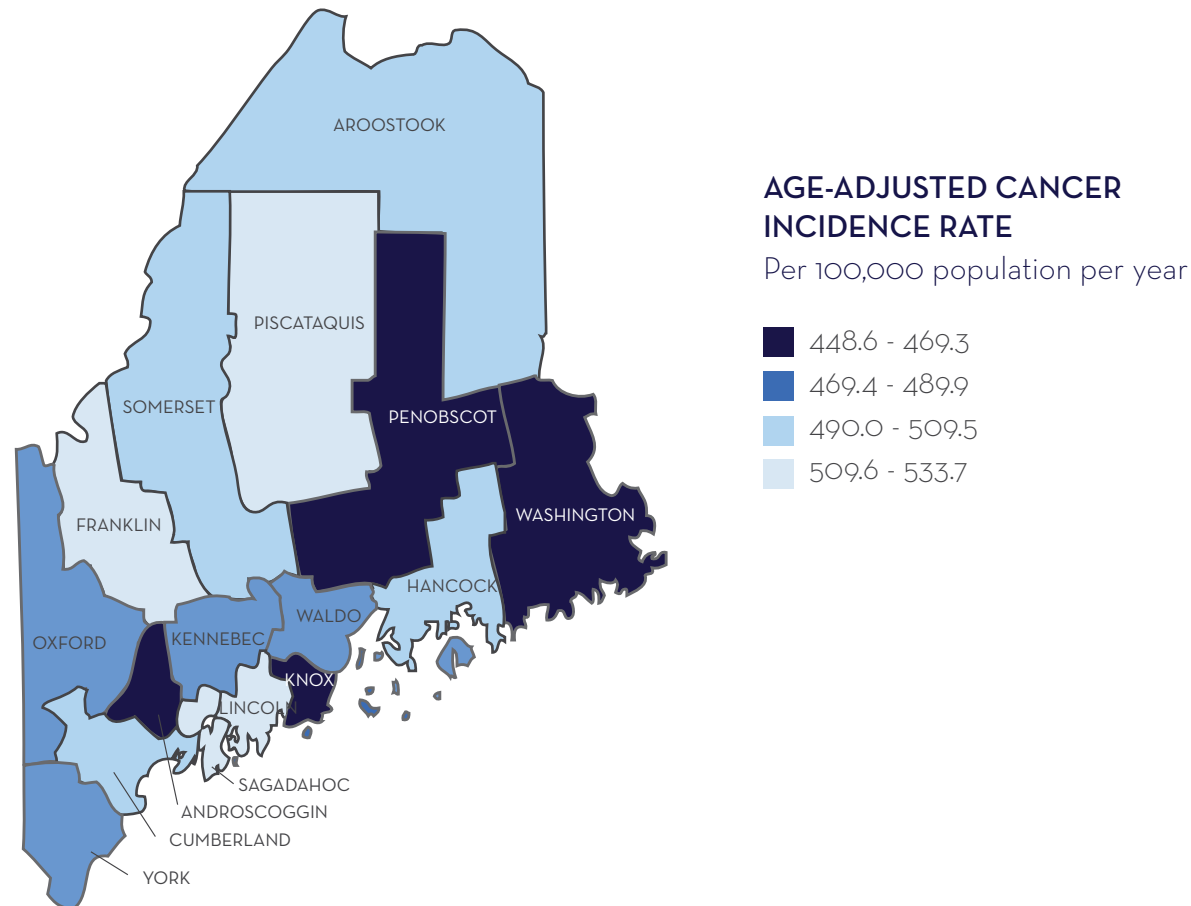
SOURCE: Maine Center for Disease Control and Prevention, Maine Mortality Data; Data Research and Vital Statistics, *The Burden of Cardiovascular Disease in Maine 2012* and CDC Wonder. Available at: http://mainehearthealth.org/sites/default/files/Full_CVD_Burden_Report_2-7-13.pdf. Accessed on August 26, 2014.

HEALTH STATUS

From 1995 to 2010, the cancer incidence rate among women in Maine increased from 431 per 100,000 to 447 per 100,000, while among men it declined from 562 to 544 per 100,000.¹⁶

CANCER INCIDENCE RATE BY COUNTY

Maine, 2008-2010 Average



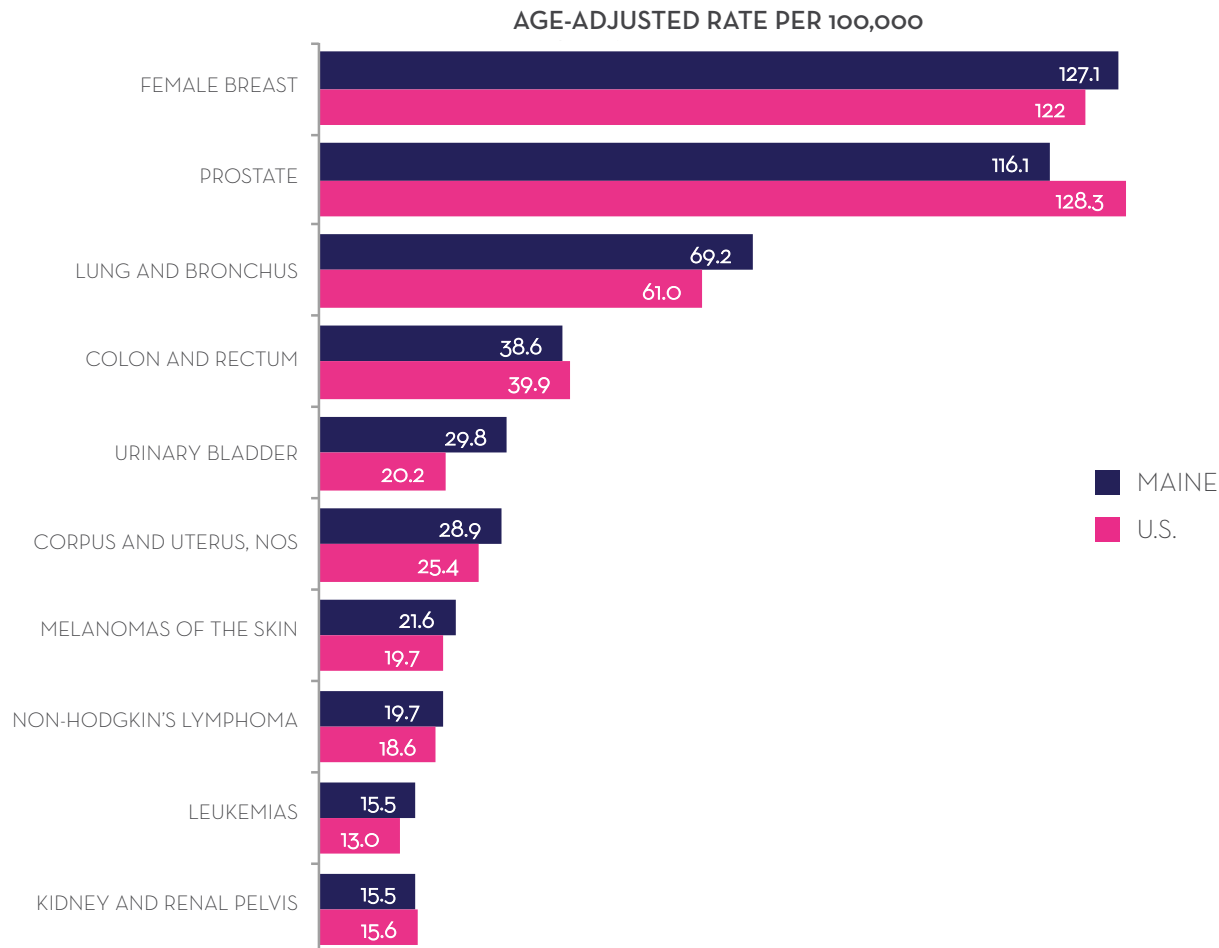
NOTE: Includes all types of cancer. Incidence case definitions are based on SEER Site Recode ICD-o-3/WHO 2008. Rates are calculated per 100,000 and age-adjusted to the year 2000 U.S. Standard population.

SOURCE: *Maine Cancer Registry, 1995-2011 NPCR-CSS submission. As seen in the Maine Annual Cancer Report 2013. Available at: http://www.maine.gov/dhhs/mecdc/population-health/mcr/reports/documents/2010_incidence_2010_mortality.pdf. Accessed on August 4, 2014.*

HEALTH STATUS

Between 2001 and 2010 the cancer death rate per 100,000 in Maine dropped from 227.2 to 186.6 – a 17.9% decrease. The U.S. death rate in 2010 was 171.8.^{16, 17}

TOP 10 CANCERS Maine vs. U.S., 2011



SOURCE: U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2010 Incidence and Mortality Web-based Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2013. Available at: www.cdc.gov/uscs. Accessed on August 26, 2014.

National Cancer Institute, Surveillance, Epidemiology, and End Results Program, *Cancer Statistics*. Available at: <http://seer.cancer.gov/>. Accessed September 29, 2014.

HEALTH STATUS

STATES WITH HIGHEST RATES OF ALL CANCERS

2011



In 2011, Maine had the 12th highest rate of cancer in the U.S., with an age-adjusted rate of 479.3 per 100,000. The U.S. average for that year was 450.6 per 100,000.

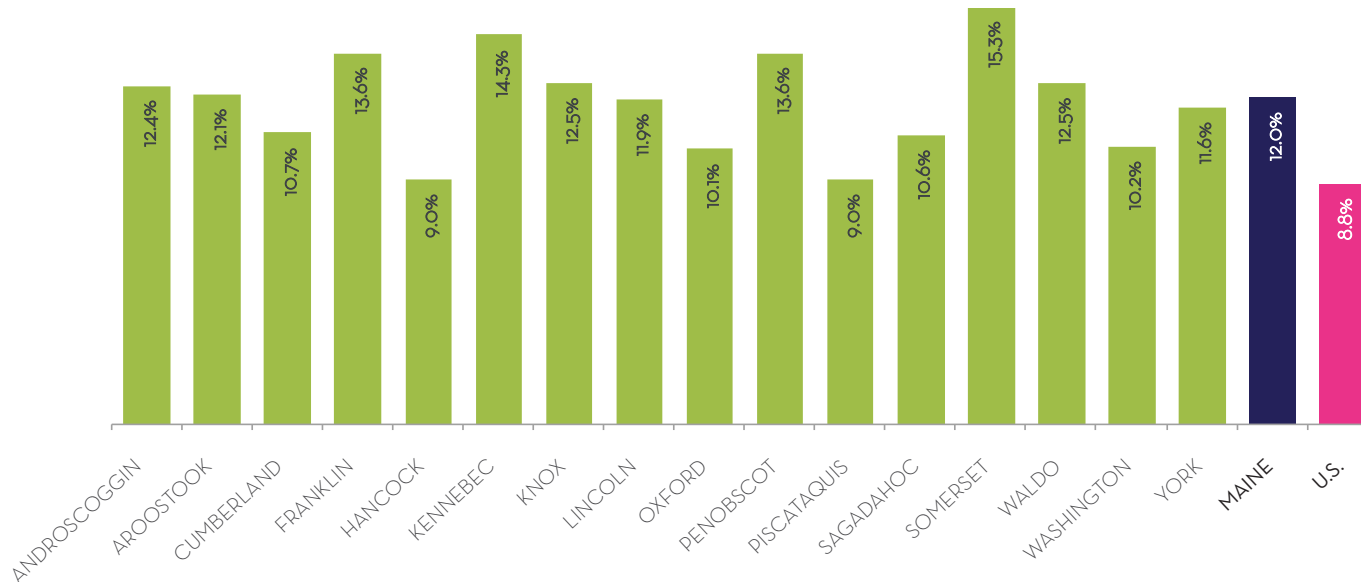
SOURCE: U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999-2010 Incidence and Mortality Web-based Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2013. Available at: www.cdc.gov/uscs. Accessed on August 26, 2014.

HEALTH STATUS

Asthma rates among adults in Maine are significantly higher than the national rate. In contrast, asthma rates among Maine children (8.5 percent in 2010) are similar to the national rate for children (8.4 percent in 2010).¹⁸

PERCENT OF ADULTS WITH ASTHMA BY COUNTY

Maine, 2011



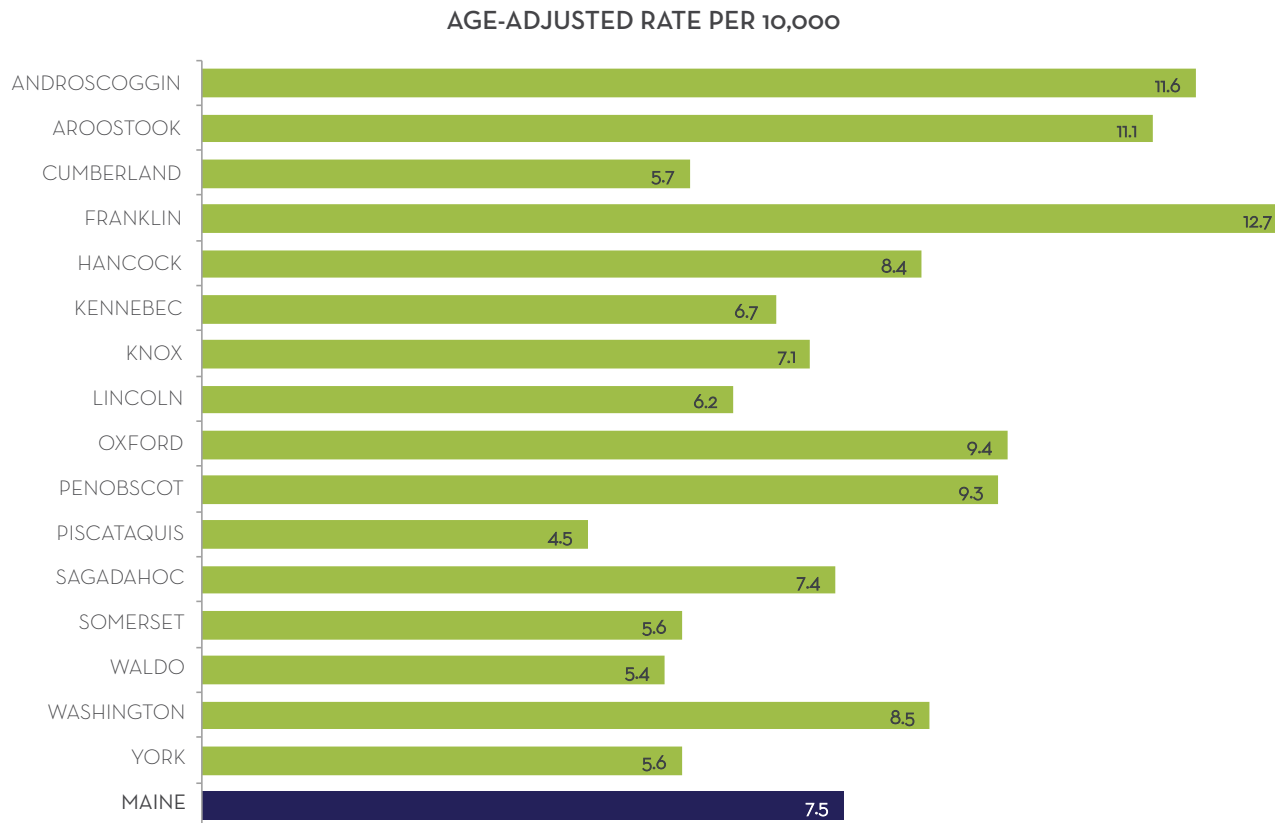
MAINE SOURCE: Maine Center for Disease Control, Maine BRFSS Results Asthma. Available at: <https://data.mainepublichealth.gov/brfss/asthma>. Accessed on August 17, 2014.

U.S. SOURCE: Centers for Disease Control and Prevention, Trends in Asthma and Morbidity. Available at: <http://www.lung.org/finding-cures/our-research/trend-reports/asthma-trend-report.pdf>. Accessed on August 8, 2014.

HEALTH STATUS

Each year asthma accounts for nearly 1,100 hospitalizations and 8,500 emergency department visits in Maine.¹⁸

ASTHMA HOSPITAL DISCHARGES BY COUNTY Maine, 2009-2011 Average



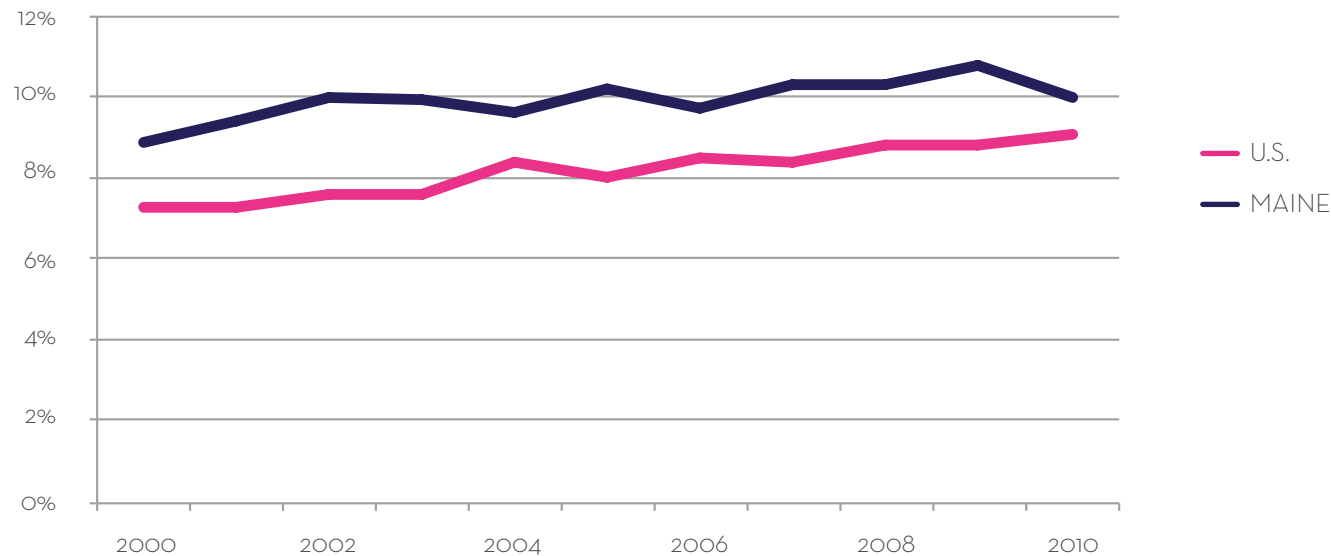
NOTE: Rates are age adjusted; age-adjusted rates are hospital discharges per 10,000 population age adjusted to the US 2000 standard population. Asthma hospital discharges are defined as hospital discharges in which the principal diagnosis was coded as ICD-9-MC 493.

SOURCE: *Maine Hospital Inpatient Database, Maine Health Data Organization; analyzed by Maine Center for Disease Control Division of Population Health Epidemiology Team, January 2014. Provided on September 11, 2014.*

HEALTH STATUS

CURRENT ADULT ASTHMA PREVALENCE TREND

Maine vs. U.S., 2000-2010



Maine asthma rates are among the nation's highest. In 2000 the state had the highest rate in the nation; in 2005 Maine ranked third, and in 2009 it was tied for second.¹⁹

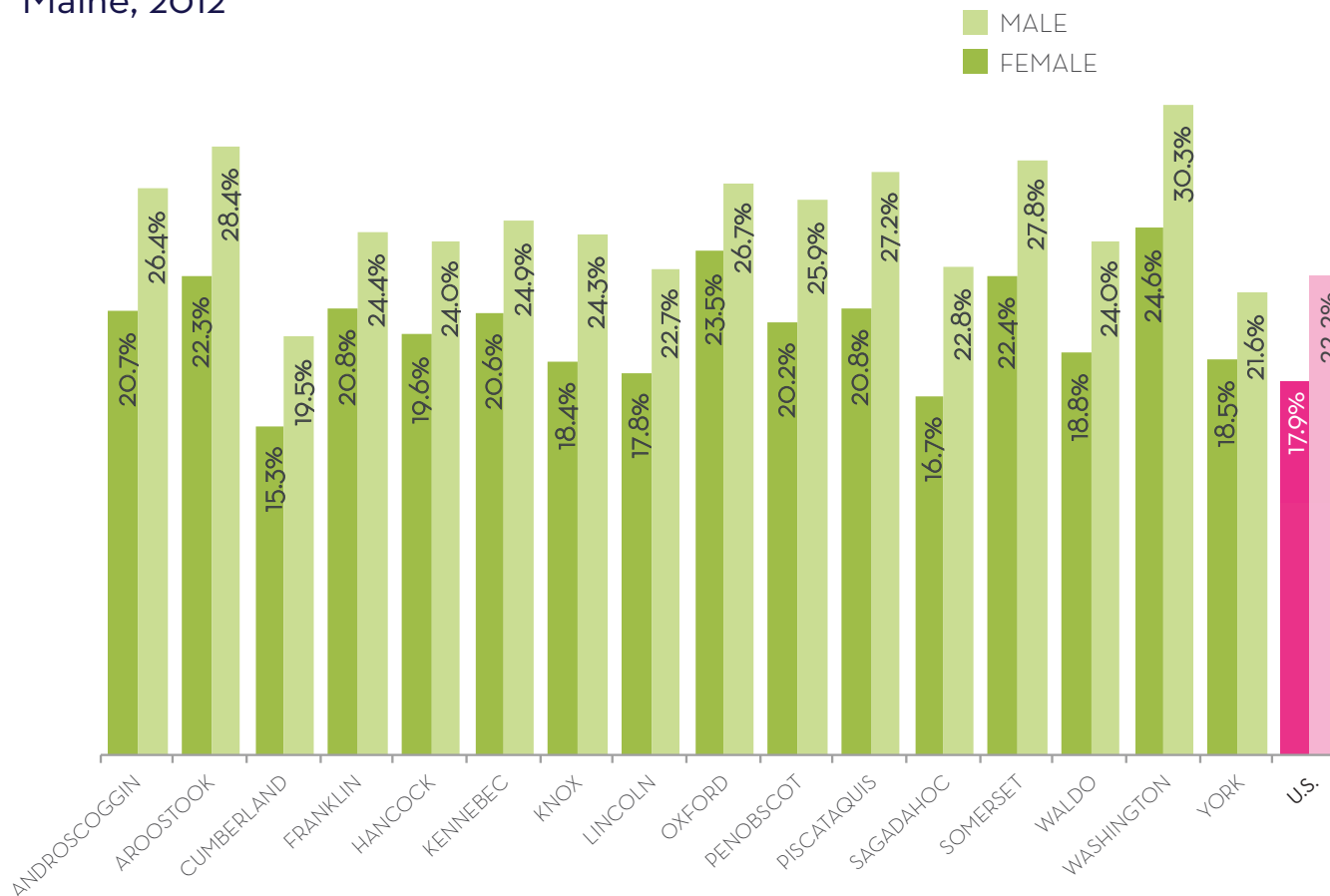
SOURCE: Centers for Disease Control and Prevention, Asthma, Behavioral Risk Factor Surveillance System, Prevalence Data: 1999-2010 Tables and Graphs. Available at: <http://www.cdc.gov/asthma/brfss/archive.htm>. Accessed September 29, 2014.

HEALTH STATUS

The Maine CDC reports that the smoking rate among Maine adults was 20.3 percent in 2012, compared to 18 percent nationwide. Among teens, the smoking rate declined by nearly 60% between 1997 and 2005.⁴³

SMOKING PREVALENCE BY COUNTY

Maine, 2012



NOTE: Male and female incidence of smoking in Maine is not available for 2012. The percentage of adults that smoke, for both sexes, is 20.3%.

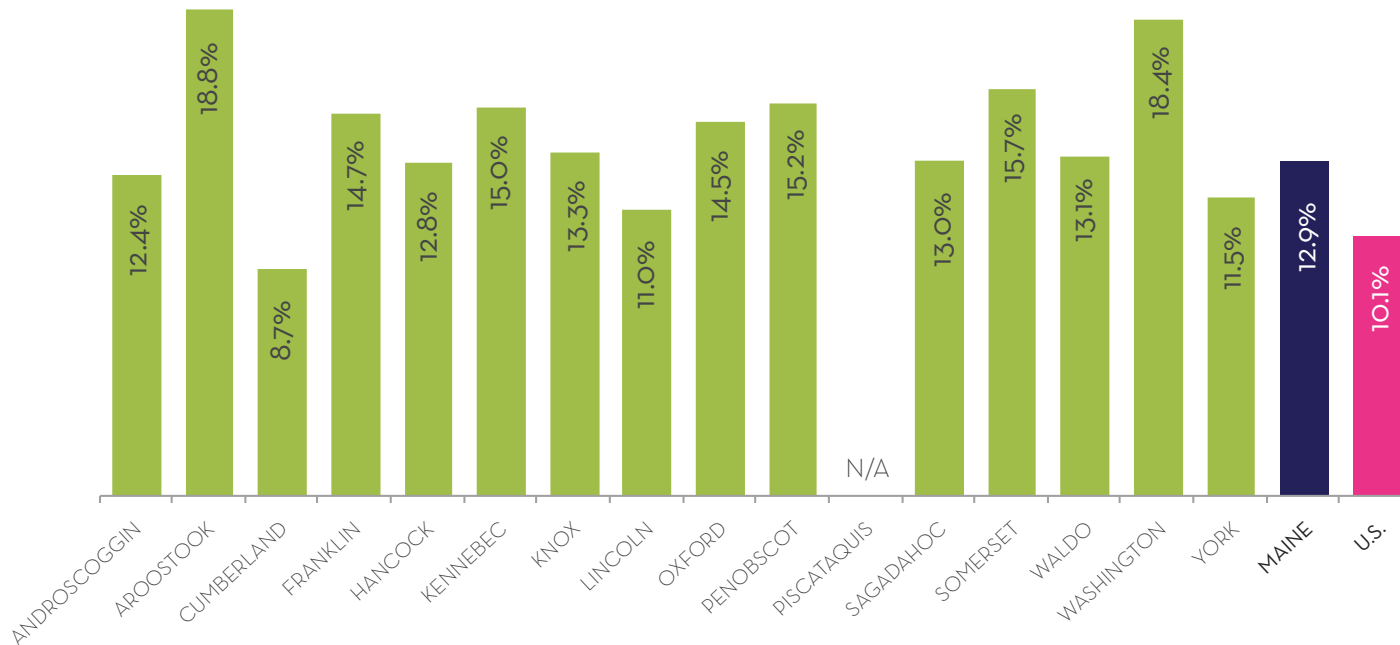
SOURCE: County Data Source: Maine Center for Disease Control, Behavioral Risk Assessment Surveillance Survey. As found in The Institute of Health Metrics and Evaluation, U.S. County Profiles. Available at: <http://www.healthdata.org/us-county-profiles>. Accessed on August 13, 2014.

NATIONAL SOURCE: Centers for Disease Control and Prevention, Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2012. Available at: http://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf. Accessed on August 13, 2014.

HEALTH STATUS

POPULATION AGED 18-64 WITH A DISABILITY BY COUNTY

Maine vs. U.S., 2010-2012



Over the 2010-2012 period, 12.9 percent of Maine adults had a disability, compared to 10.1 percent of the U.S. population. These rates varied by county, from a low of 8.7 percent in Cumberland to more than 18 percent in Aroostook and Washington counties.

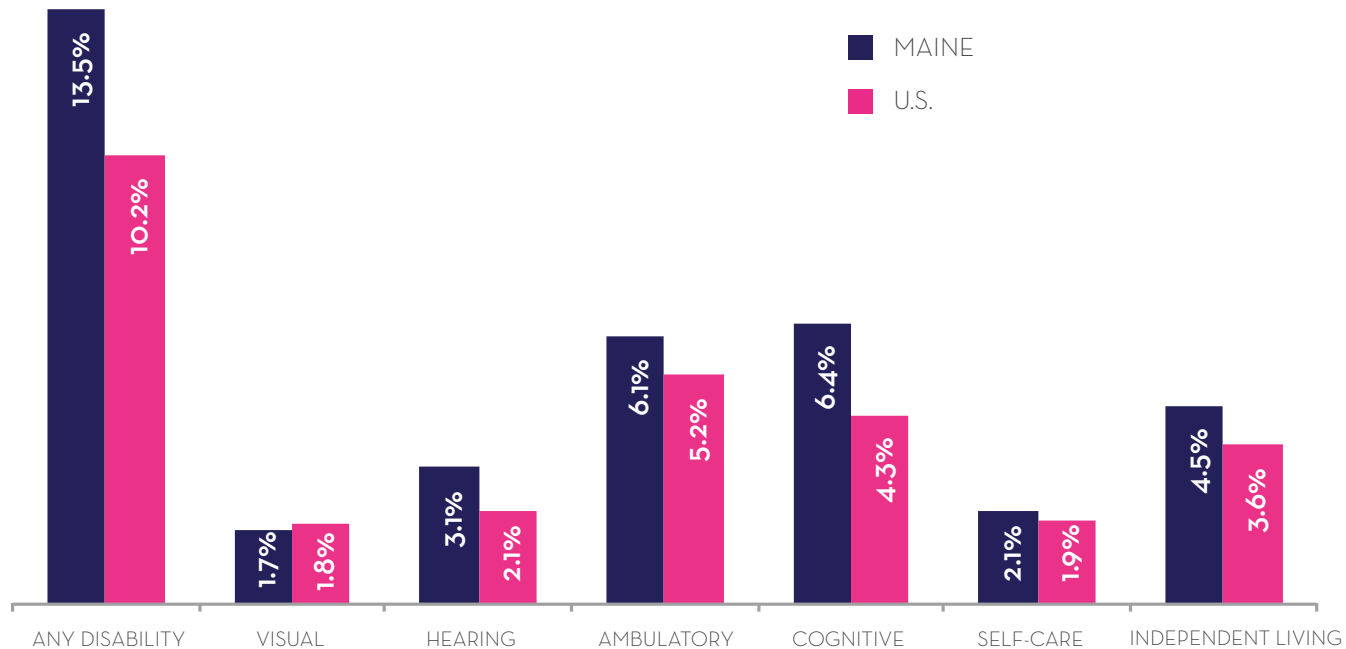
NOTE: Percent with a disability among non-institutionalized civilian population 18-64 years old.

SOURCE: U.S. Census, American Fact Finder, Table B18120. Available at: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>. Accessed on September 25, 2014.

HEALTH STATUS

Among Maine individuals with a disability, cognitive and ambulatory disabilities were the most commonly cited—also the most commonly cited disabilities nationwide.

DISABILITY PREVALENCE, AGES 18-64 Maine vs. U.S., 2012



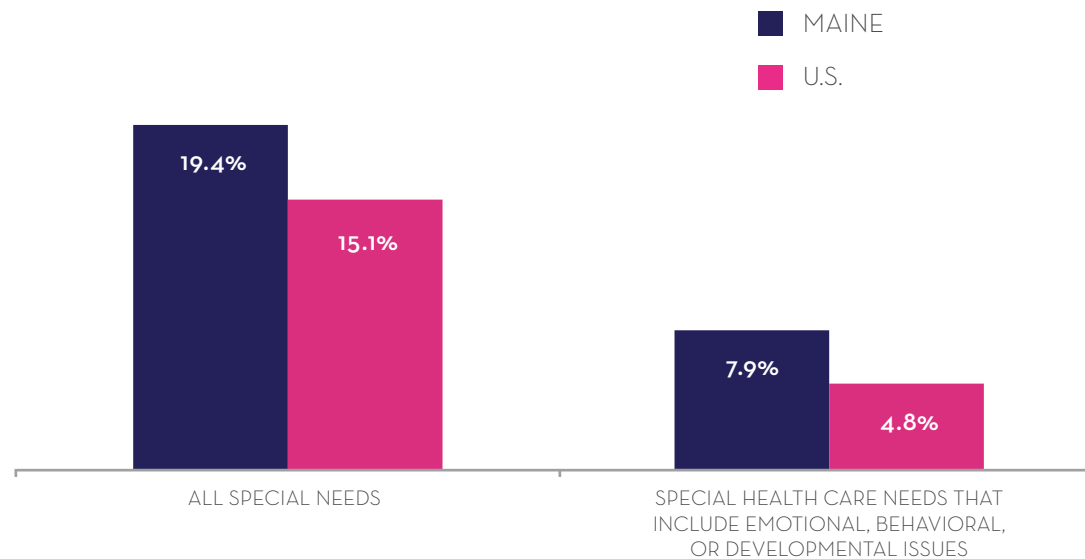
NOTE: Total percentages for disabilities related to visual, hearing, ambulatory, cognitive, self-care, and independent living may exceed the percentage of any disability, as some individuals have more than one disability.

SOURCE: U.S. Census Bureau, 2012 American Community Survey, American FactFinder, Table B18101. Available at: <http://factfinder2.census.gov>. Accessed on September 23, 2013. As found in the Annual Disability Statistics Compendium. Available at: <http://disabilitycompendium.org/compendium-statistics/population-and-prevalance>. Accessed on September 23, 2013.

HEALTH STATUS

The prevalence of children with special needs in Maine is 19.4 percent, compared to a national rate of 15.1 percent. Nearly 8 percent of Maine children have special needs that involve emotional, behavioral, or developmental issues, compared to 4.8 percent nationally.

PREVALENCE OF CHILDREN WITH SPECIAL NEEDS, AGES 0-17 Maine vs. U.S., 2009-2010 Average

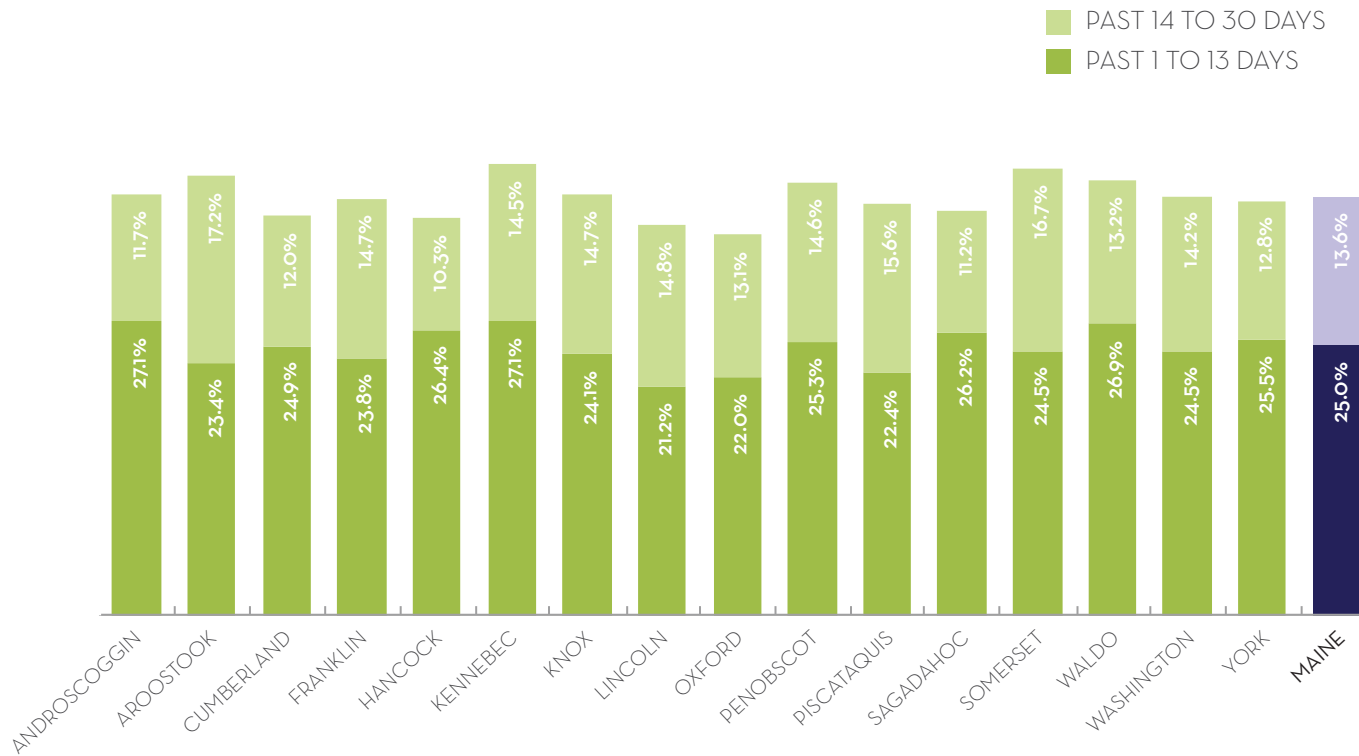


SOURCE: National Center of Health Statistics, Centers for Disease Control and Prevention (under direction of the Maternal and Child Health Bureau), 2009/10 National Survey of Children with Special Health Care Needs. As found in Data Resource Center for Child & Adolescent Health. Available at: <http://childhealthdata.org/browse/survey>. Accessed on September 12, 2014.

HEALTH STATUS

In 2011, nearly 40 percent of Maine adults reported experiencing a poor physical health day in the past month.

ADULTS WITH POOR PHYSICAL HEALTH DAYS IN THE PAST MONTH Self-Reported, Maine, 2011



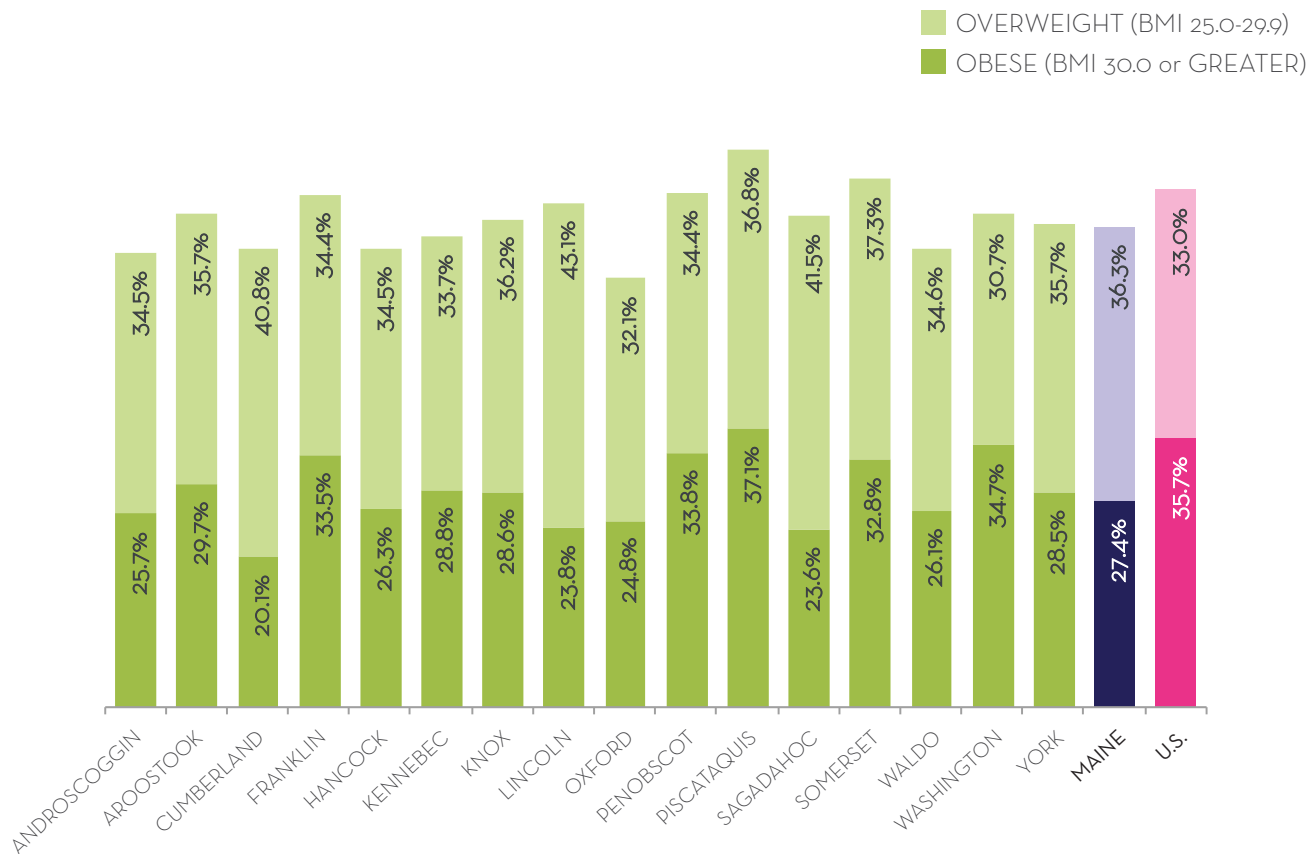
SOURCE: Maine Center for Disease Control and Prevention, Maine Behavioral Risk Factor Surveillance Survey. Results, Health Status. Available at: http://dhs-isa1wsbh136.maine.gov/SAS_Internet/cgi/broker.exe?HADPAP=physhlth&row=county&year=2011&SUBMIT=Submit_Query&PROGRAM=sample.p_webreport11_N.sas&SERVICE=default. Accessed September 29, 2014.

HEALTH STATUS

In 2010, 64 percent of Maine adults were overweight or obese, slightly below the U.S. rate of 69 percent.

PERCENT OVERWEIGHT & OBESE ADULTS BY COUNTY

Maine, 2010



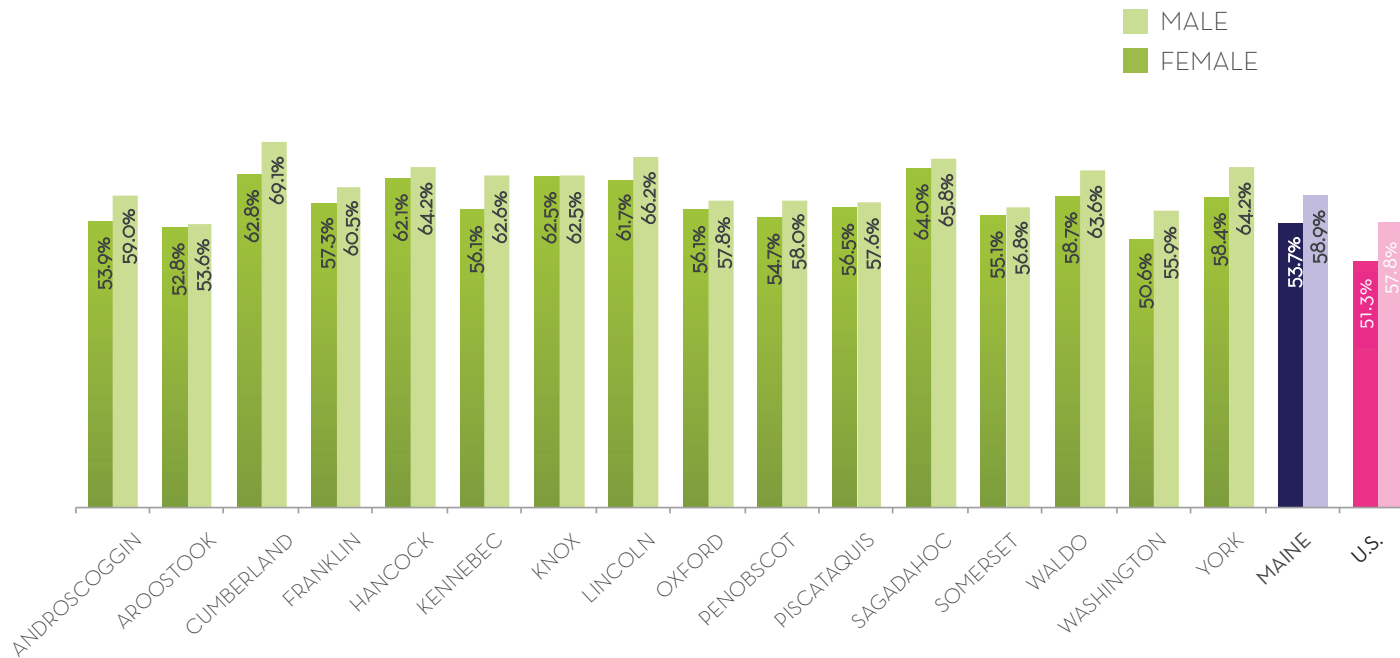
MAINE SOURCE: Maine Center for Disease Control, Maine Behavioral Risk Factor Surveillance Survey, Results, Weight Control. Available at: http://dhs-isa1wsbh136.maine.gov/SAS_Internet/cgi/broker.exe?HADPAP=_bmi2cat&row=county&year=2010&SUBMIT=SubmitQuery&_PROGRAM=sample.p_webreport11_N.sas&_SERVICE=default. Accessed on August 17, 2014.

NATIONAL SOURCE: Centers for Disease Control and Prevention, Prevalence of Overweight, Obesity, and Extreme Obesity Among Adults: United States, Trends 1960-1962 Through 2009-2010. Available at: http://www.cdc.gov/nchs/data/hestat/obesity_adult_09_10/obesity_adult_09_10. Accessed on August 19, 2014.

HEALTH STATUS

The Centers for Disease Control reports that in 2010 just over half of Maine adults undertook at least 5 hours of moderate physical activity a week or 2.5 hours of vigorous aerobic activity. Another 20 percent reported no physical activity over the past month.²⁰

ADULTS WITH SUFFICIENT PHYSICAL ACTIVITY BY COUNTY Maine, 2009

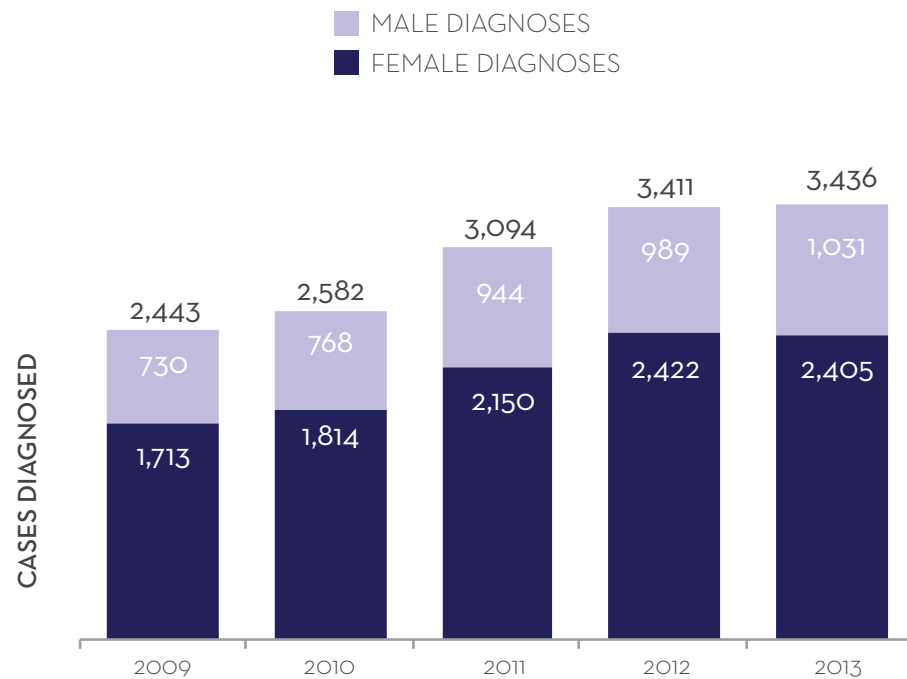


NOTE: Sufficient physical activity is defined as reporting 150 total minutes of moderate activity per week, the equivalent in vigorous activity, or combination of moderate and vigorous activity (1 minute vigorous activity=2 minutes moderate activity).

SOURCE: Maine Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey. As seen in the Institute for Health Metrics and Evaluation, U.S. County Profiles. Available at: <http://www.healthdata.org/us-county-profiles>. Accessed August 13, 2014.

CHLAMYDIA DIAGNOSES

Maine, 2009-2013



HEALTH STATUS

From 2009 to 2013, the total number of Chlamydia diagnoses in Maine rose by over 40 percent. Despite this increase, Maine's Chlamydia rate of 257 per 100,000 was the second lowest in the nation, behind New Hampshire, in 2012. The national rate per 100,000 that year was 456.7.²¹

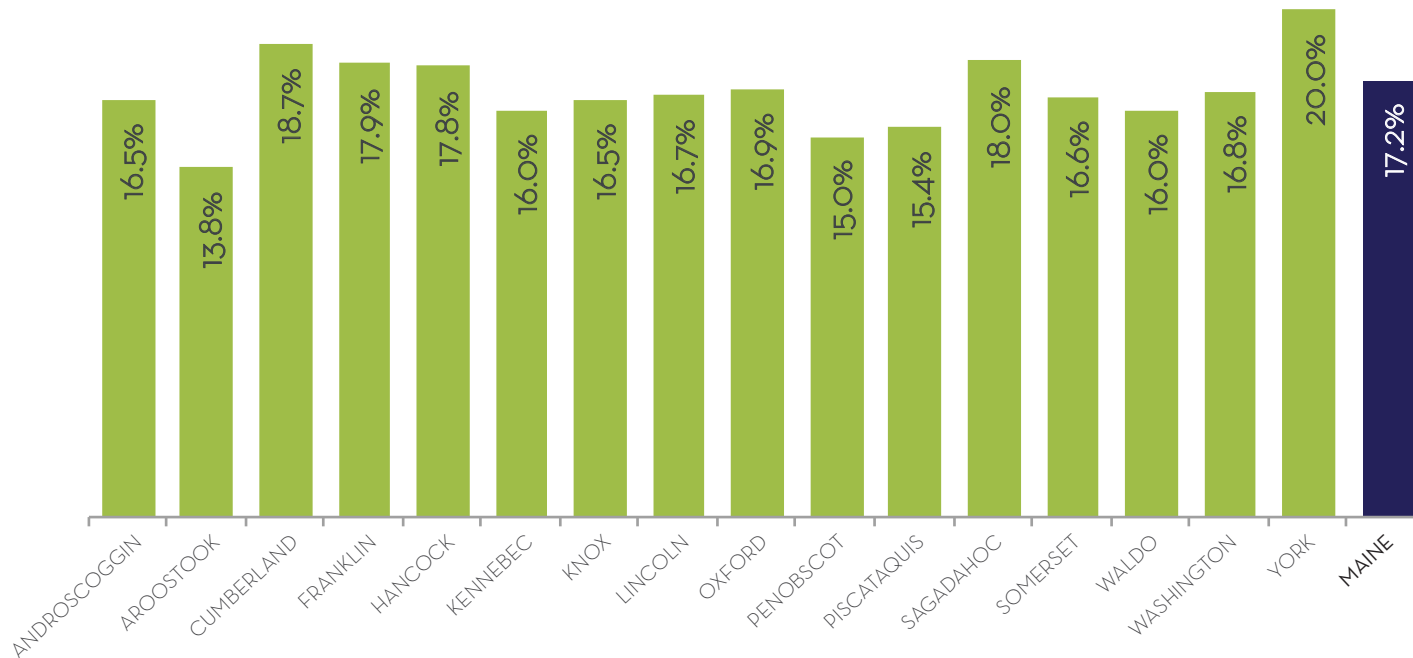
SOURCE: Maine Center for Disease Control and Prevention, State of Maine HIV/STD Annual Surveillance Report 2013. Available at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/data/documents/2014/2013-annual-surv-report.pdf>. Accessed on August 17, 2014.

HEALTH STATUS

Over the 2006-2012 period, an average of 17 percent of Maine adults reported excessive drinking. According to America's Health Rankings, Maine has the 19th highest rate of binge drinking nationwide.²²

ADULT EXCESSIVE DRINKING BY COUNTY

Maine, 2006-2012 Average



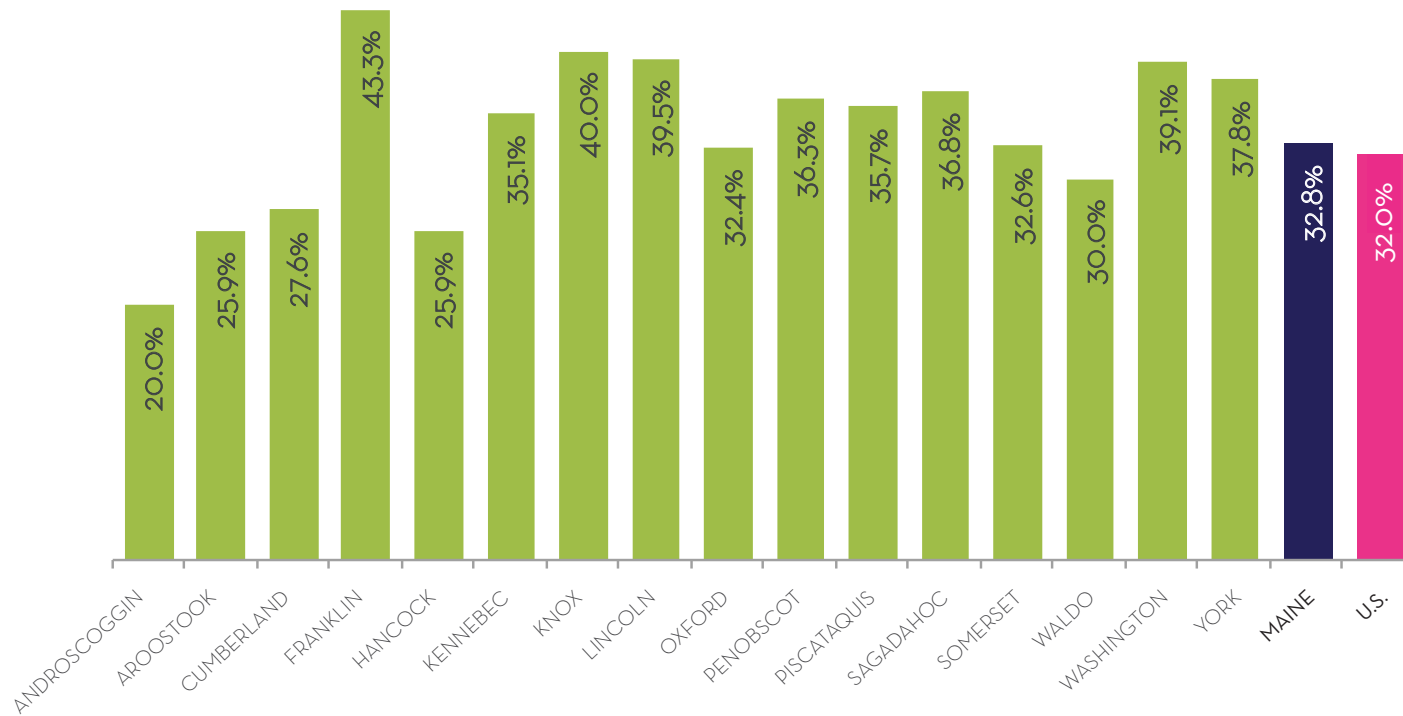
NOTE: Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

SOURCE: Maine Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Excessive Drinking. Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/factors/49/data>. Accessed on August 25, 2014.

HEALTH STATUS

ALCOHOL-IMPAIRED DRIVING DEATHS AS PERCENT OF ALL DRIVING DEATHS BY COUNTY

Maine, 2008-2012 Average



NOTE: To qualify as a FARS case, the crash had to involve a motor vehicle traveling on a trafficway customarily open to the public, and must have resulted in the death of a motorist or a non-motorist within 30 days of the crash.

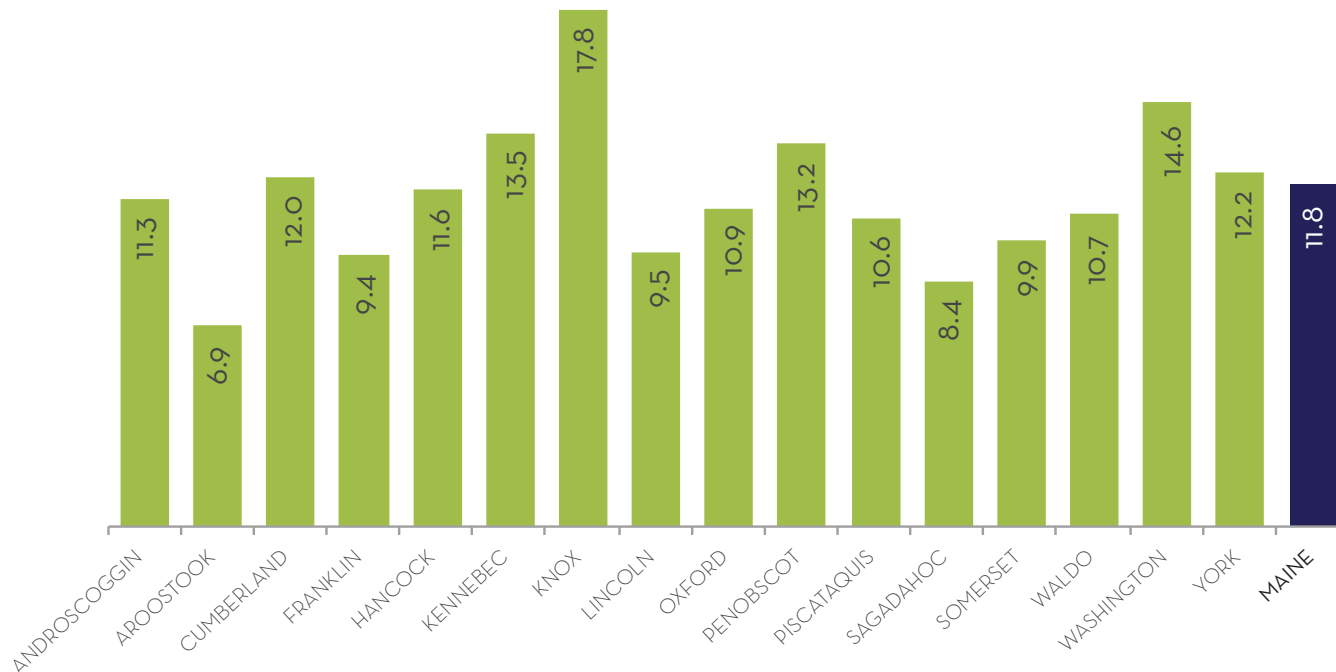
SOURCE: *Fatality Analysis Reporting System (FARS) Census, as reported in County Health Rankings and Roadmaps, Alcohol-Impaired Driving Deaths.* Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/factors/134/data?sort=sc-3>. Accessed on August 25, 2014.

Alcohol-impaired driving fatalities dropped 21 percent between 2003 and 2012. Among all fatal crashes in 2012, those aged 21-24 had the highest percentage of impaired drivers. Male drivers involved in fatal crashes were more likely to be impaired (24 percent) than female drivers (14 percent).²³

HEALTH STATUS

In 2012, the drugs most frequently involved with overdose deaths were oxycodone (29 percent), benzodiazepines (24 percent), methadone (20 percent), and heroin/morphine (14 percent).²⁴

OVERDOSE MORTALITY RATES PER 100,000 BY COUNTY Maine, 2004-2010 Average



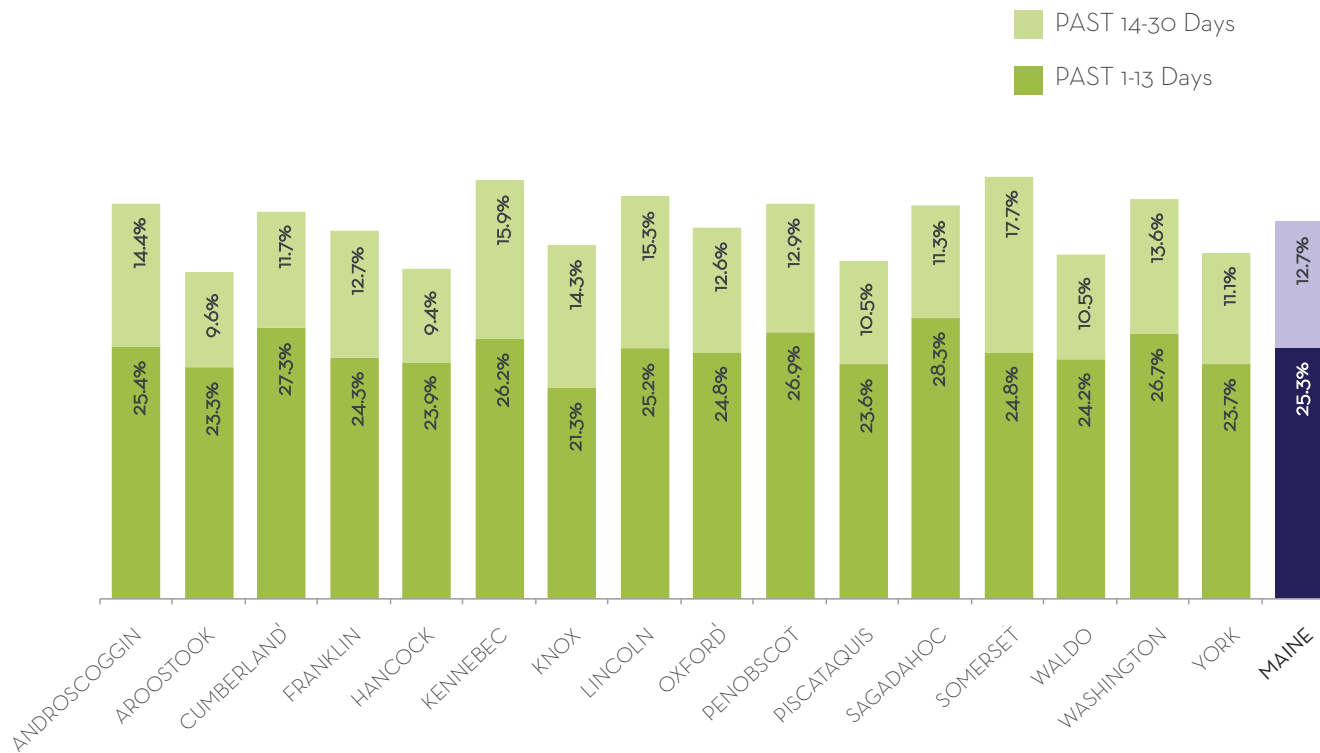
NOTE: Drug poisoning deaths estimates the mortality rate per 100,000 population for ICD-10 codes X40-X44, X60-X64, X85, Y10-Y14. ICD-10 codes used cover accidental, intentional, and of undetermined poisoning by and exposure to: 1) nonopioid analgesics, antipyretics and antirheumatics, 2) antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified 3) narcotics and psychodysleptics [hallucinogens], not elsewhere classified, 4) other drugs acting on the autonomic nervous system, and 5) other and unspecified drugs, medicaments and biological substances.

MAINE SOURCE: CDC WONDER mortality data, *The Compressed Mortality File, Drug Poisoning Deaths*. Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/additional/138/data>. Accessed on August 25, 2014.

HEALTH STATUS

In 2011, 38 percent of adults in Maine reported they had at least one poor mental health day sometime over the past month. Mental health includes stress, depression, and problems with emotions.²⁵

PERCENT OF ADULTS REPORTING POOR MENTAL HEALTH DAYS IN THE PAST MONTH BY COUNTY Maine, 2011



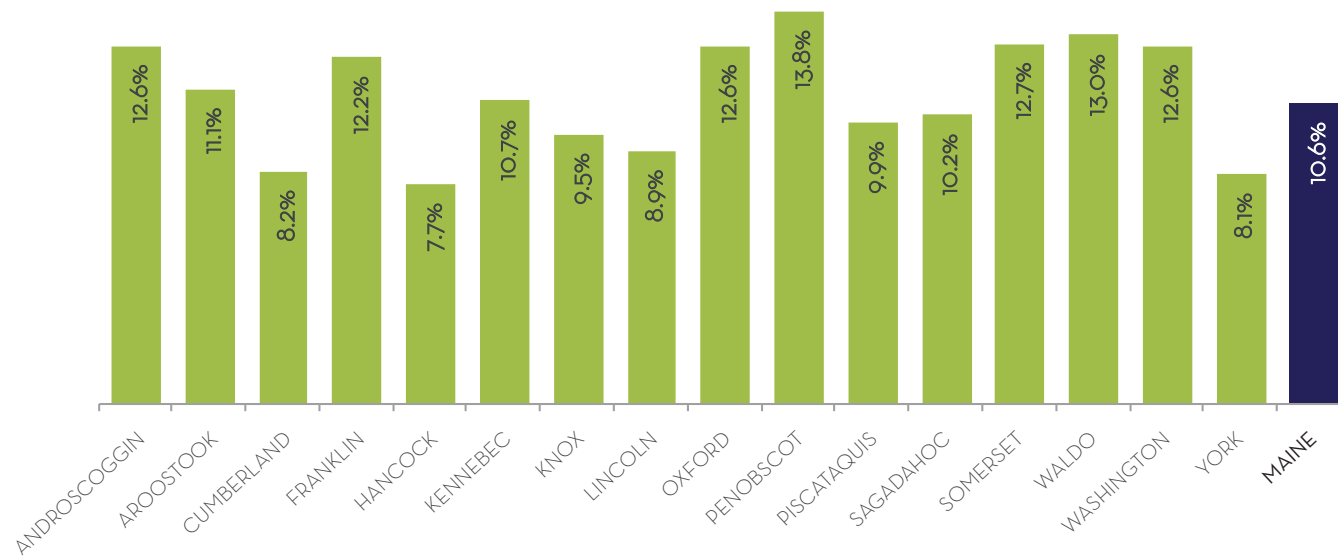
SOURCE: Maine Center for Disease Control and Prevention, Maine Behavioral Risk Factor Surveillance Survey, Results, Health Status. Available at: http://dhs-isa1wsbh136.maine.gov/SAS_Internet/cgi/broker.exe?HADPAP=ment_hlth&row=county&year=2011&SUBMIT=SubmitQuery&PROGRAM=sample.p_webreport11_N.sas&SERVICE=default. Accessed on August 18, 2014.

HEALTH STATUS

The percent of adults who screened positive for depression in Maine in 2011 was just over 10 percent. The percent ever diagnosed with depression was more than twice that rate—24.4 percent.²⁶

PERCENT OF ADULTS SCREENING POSITIVE FOR DEPRESSION BY COUNTY

Maine, 2011



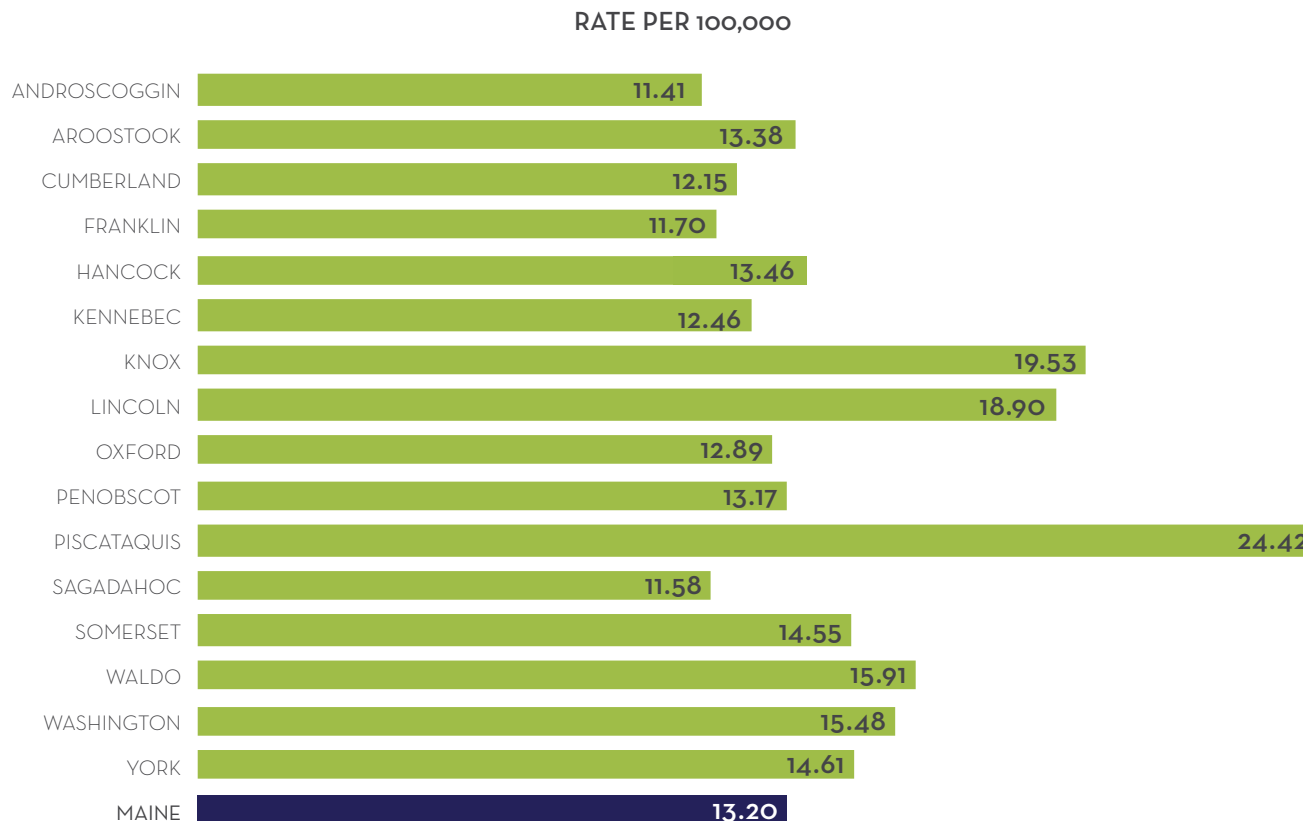
SOURCE: Maine Center for Disease Control and Prevention, Maine Behavioral Risk Factor Surveillance System Results, Mental Health, Screening for depression. Available at: http://dhs-isa1wsbh136.maine.gov/SAS_Internet/cgi/broker.exe?HADPAP=phq2&row=county&year=2011&SUBMIT=Submit+Query&PROGRAM=sample.p_webreport11_N.sas&SERVICE=default. Accessed September 25, 2014.

HEALTH STATUS

From 2005-2009, 40 percent of suicides in Maine were committed by individuals ages 45-64; another 31 percent of suicides were among those aged 25-44. Men were much more likely to die by suicide than women, accounting for four out of every five suicide deaths.²⁷

SUICIDE RATES BY COUNTY

Maine, 2004-2010 Average



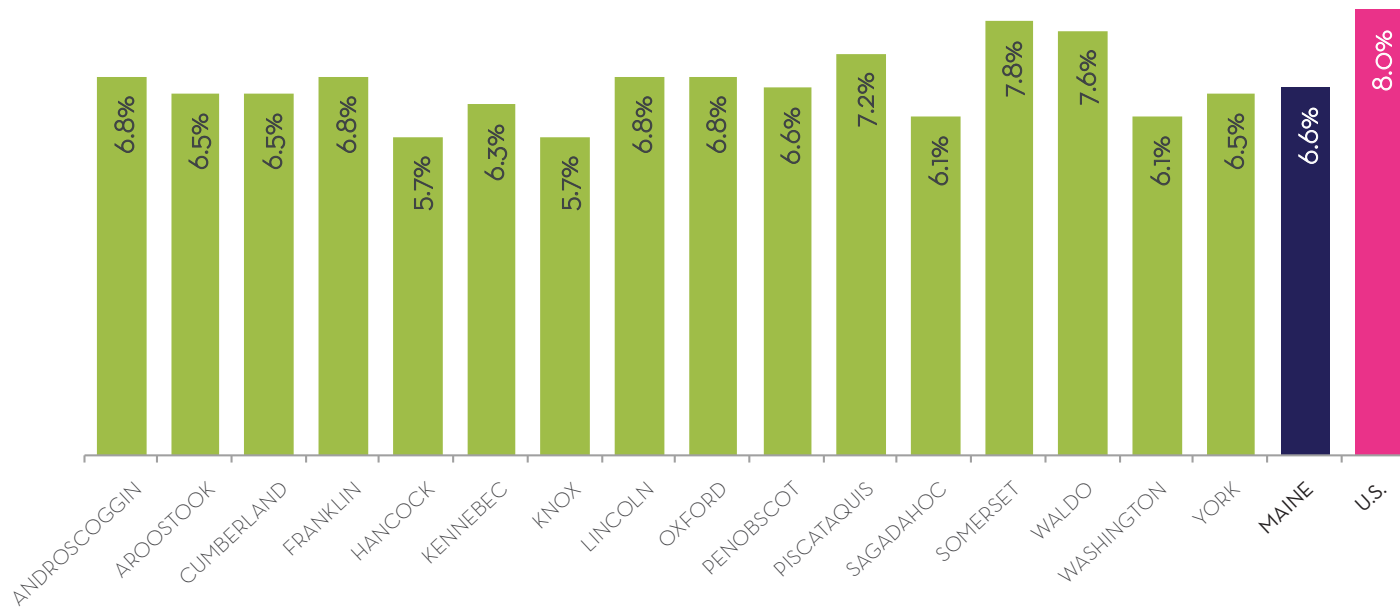
NOTE: Data is not age adjusted.

SOURCE: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates. Death Rates Per 100,000 Population. Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC. Available at: http://wisqars.cdc.gov:8080/cdcMapFrame-work/ExcelServlet?excelFile=m6524236_csv. Accessed August 18, 2014.

HEALTH STATUS

PERCENT LOW BIRTH WEIGHT INFANTS BY COUNTY

Maine, 2005-2011 Average

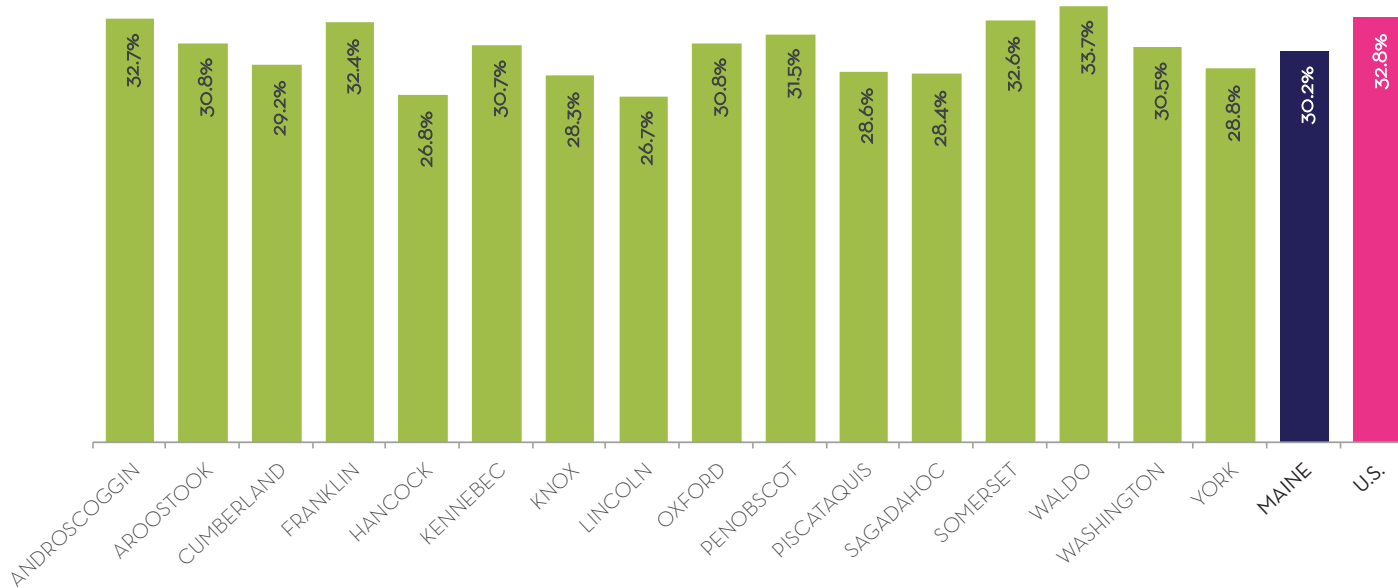


Infants with birth weights less than 5.5 pounds are considered low birth weight. From 2005 to 2012, the percentage of babies with a low birth weight declined from 6.8 percent to 6.6 percent in Maine.²⁸

SOURCE: National Center for Health Statistics, National Vital Statistics System, Low Birth Weight. Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/outcomes/37/map>. Accessed on August 25, 2014.

HEALTH STATUS

CESAREAN DELIVERIES AS PERCENT OF BIRTHS BY COUNTY Maine, 2009-2012 Average



Between 1996 and 2007, the percent of live births that were Cesarean deliveries rose 44 percent, from 20.8 in 1996 to 30 percent in 2007. Over that same period, the nationwide rate rose from 20.7 to 31.8—a 54 percent increase.²⁹

NOTE: Births are live births.

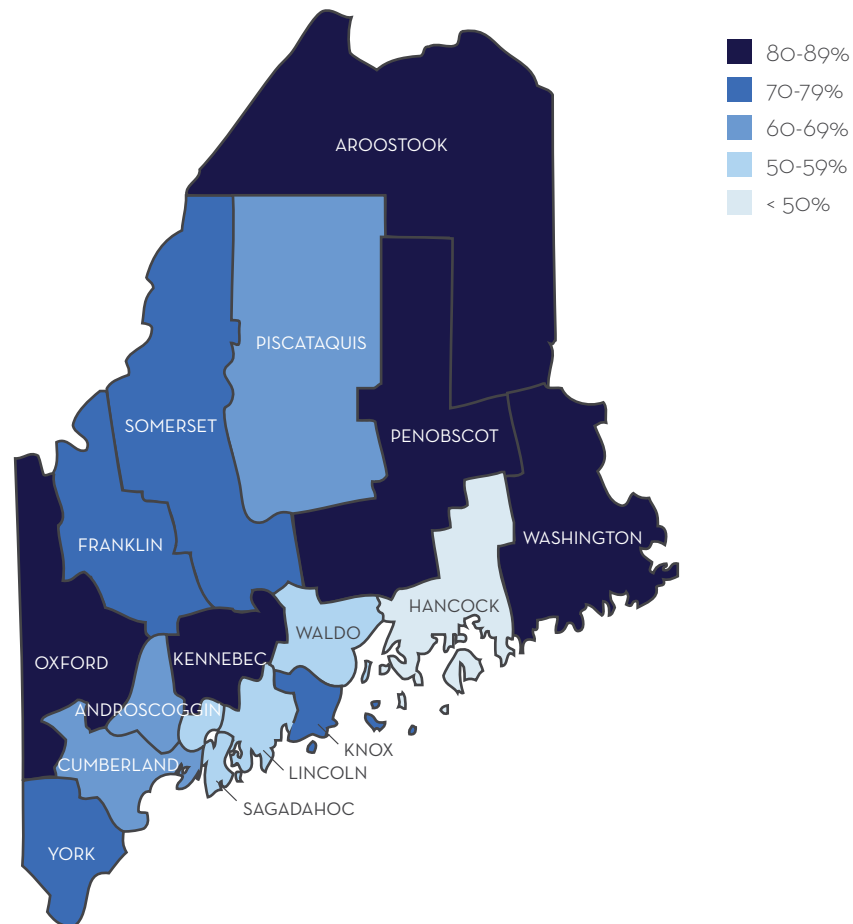
SOURCE: National Center for Health Statistics, final natality data. March of Dimes. Available at: <http://www.marchofdimes.org/peristats>. Accessed on September, 11, 2014.

HEALTH STATUS

In 2013, vaccinations among children aged 19-35 months in the U.S. increased for some vaccines (including rotavirus, HepB birth dose, and \geq HepA dose) and held steady for others. The Centers for Disease Control estimates that for children born from 1994-2013, vaccination will result in “net savings of \$295 billion in direct costs and \$1.38 trillion in total societal costs” over the lifetimes of those children.³⁰

IMMUNIZATION RATES FOR 2-YEAR OLDS BY COUNTY

Maine, 2012



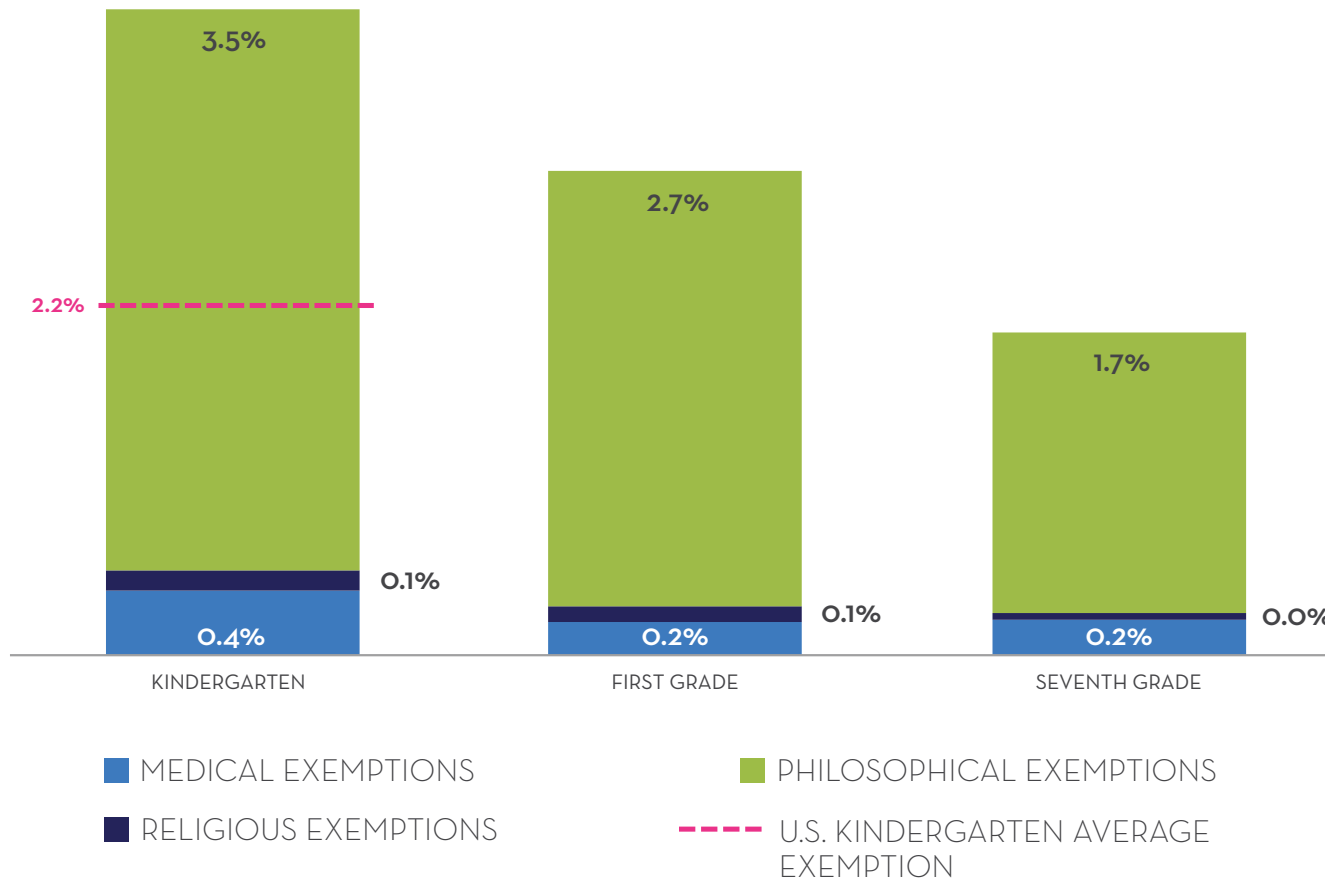
SOURCE: VAXMaineKids. Available at: <http://www.vaxmainekids.org/>. August 15, 2014.

HEALTH STATUS

Along with Arizona, Maine has the ninth highest vaccine opt-out rate for children entering kindergarten. Since 2004, the percent of opt outs for philosophical reasons have increased by nearly 50 percent in Maine.³¹

VACCINE EXEMPTIONS IN PUBLIC SCHOOLS

Maine, 2012-2013



MAINE SOURCE: *Maine Center for Disease Control and Prevention, 2012-13 School Age Immunization Survey Summary Report*. Available at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/data/school-age-immunization-report-2012-21013%20.pdf>. Accessed on August 15, 2014.

NATIONAL SOURCE: *Centers for Disease Control and Prevention, Vaccination Coverage Among Children in Kindergarten - United States, 2012-13 School Year*. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6230a3.htm>. Accessed on August 15, 2014.

HEALTHCARE COVERAGE & DELIVERY

The type of healthcare coverage a person has can influence that person's access to healthcare services, which providers he or she might see for care, the amount and type of care they use and – ultimately – the outcomes of care. Demographics have a lot to do with coverage. Being an older state, lots of Maine residents have Medicare coverage. Being a relatively poor state, lots of Maine residents have Medicaid (or MaineCare) coverage. And although Maine has fewer uninsured residents than many other states, there are areas of our state where the rate of uninsured is high.

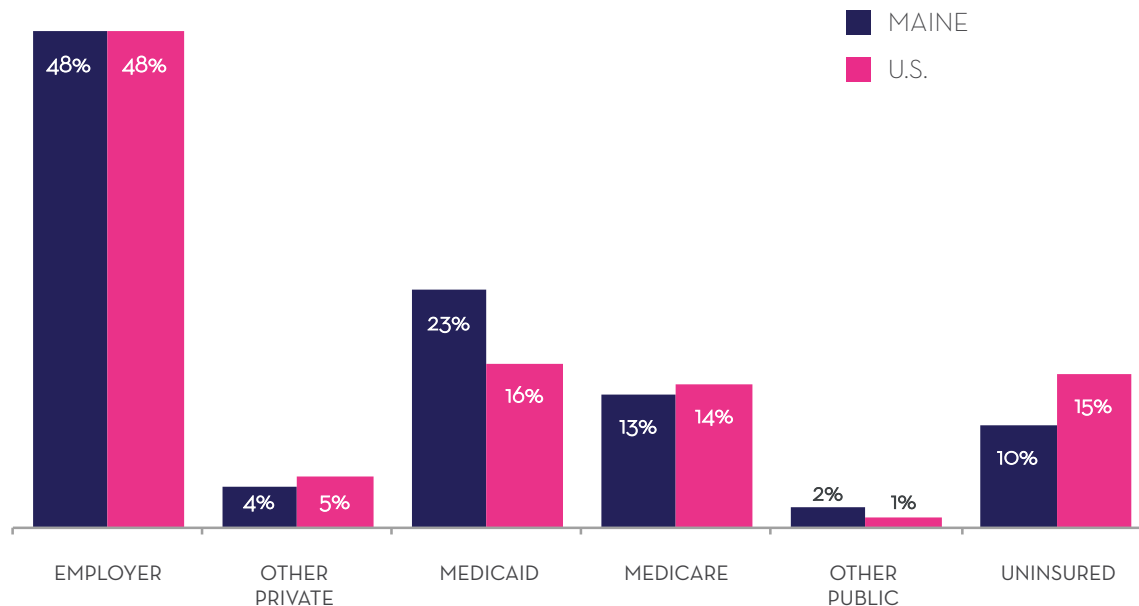
Similarly, the presence or absence of healthcare resources like physicians, nurses, hospital beds and advanced imaging technology, also have a strong influence on which and how many healthcare services are used. If there are few physicians in a region, it will be more difficult for the residents of that region to access physician services and the rate of use of such services will likely be lower than it will be in an area with many physicians. Lack of timely access to certain services – like primary care – can lead to more complicated (and costly) health problems, and poorer outcomes of care, down the line. Conversely, when there are a lot of resources available, that availability can contribute to higher utilization rates. Importantly, we know that more is not always better in healthcare; sometimes more can even be harmful.³²

In this section, you will find data related not only to healthcare coverage in Maine, but to healthcare resource distribution across the state.

HEALTHCARE COVERAGE & DELIVERY

POPULATION WITH HEALTH INSURANCE COVERAGE

Maine vs. U.S., 2011-2012



NOTE: State data are from 2011-2012; U.S. data is from 2012.

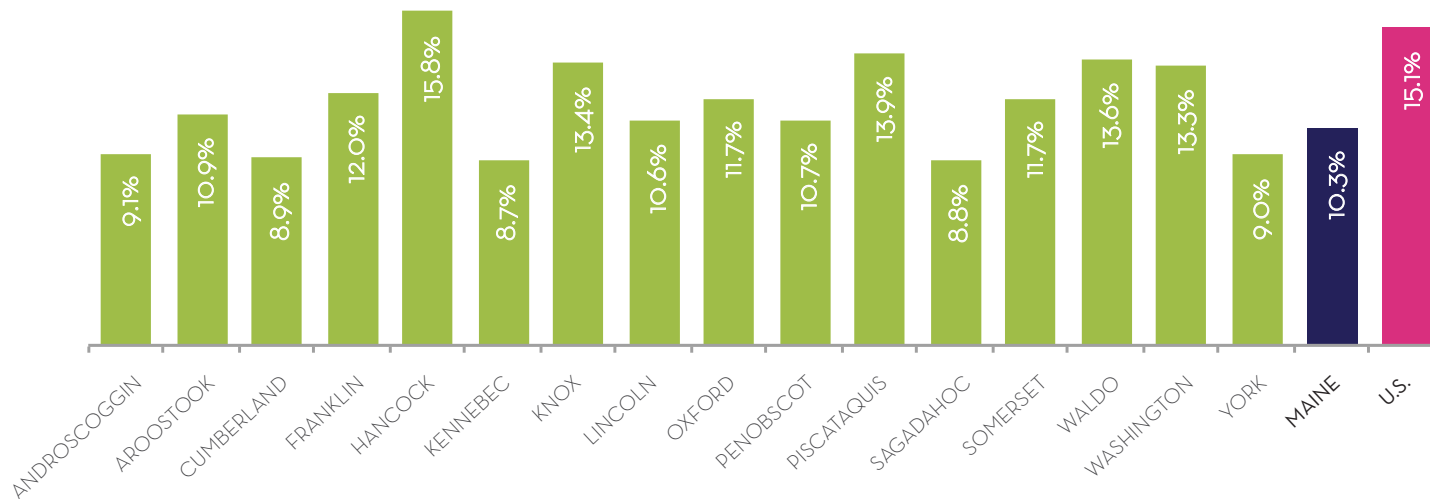
SOURCE: Estimates based on analysis by the Kaiser Commission on Medicaid and the Uninsured and the Urban Institute of the Census Bureau's March 2012 and 2013 Current Population Survey (CPS: Annual Social and Economic Supplements), Health Insurance Coverage of the Total Population. Available at: <http://kff.org/other/state-indicator/total-population/>. Accessed on August 12, 2014.

Between 2012 and 2013, Maine's uninsured population grew from 135,000 to 147,000—an increase of 12,000 people. The uninsured rate rose from 10.2 percent to 11.2 percent. According to the U.S. Census Bureau's American Community Survey, Maine was one of only two states to see an increase in 2013.³³

HEALTHCARE COVERAGE & DELIVERY

PERCENT OF UNINSURED BY COUNTY

Maine, 2010-2012 Average



From 2010 to 2012, Maine's rate of uninsured averaged 10.3 percent, compared to 15.1 percent for the U.S. In 2013, the percent of Maine's population without insurance was 11.2 percent, while the U.S. rate totaled 14.5 percent.³³

NOTE: Data for Piscataquis are from 2008-2012.

SOURCE: U.S. Census Bureau, American Community Survey. Data query from the American FactFinder: Table S2701. Available at: <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed on September 12, 2014

MARKETPLACE ENROLLEES RECEIVING SUBSIDIES

Maine, 2014



SOURCE: Maine Department of Professional and Financial Services, Bureau of Insurance, "Affordable Care Act and Maine's Health Insurance Market," June 12, 2014.

HEALTHCARE COVERAGE & DELIVERY

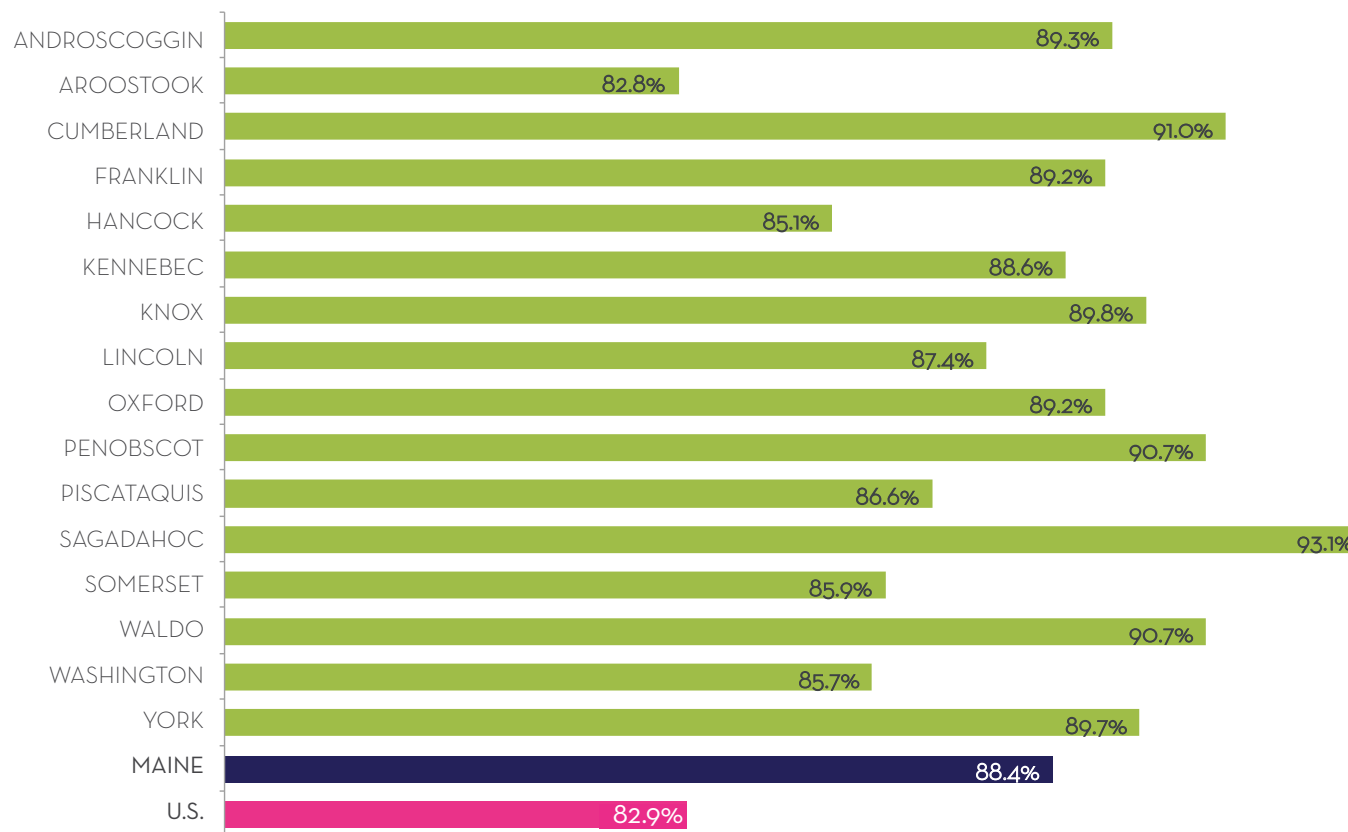
As of March 31, 2014, 44,258 individuals in Maine were enrolled in the Affordable Care Act's Maine Marketplace, with 90 percent of those enrollees receiving some level of financial subsidy. Over 50 percent of enrollees were between the ages of 45-64.

HEALTHCARE COVERAGE & DELIVERY

In 2010, 88.4 percent of Maine adults reported that they had a usual healthcare provider. Since 2000, this rate has remained relatively stable, ranging between 85.9 and 89.4 percent.³⁴

PERCENT OF ADULTS REPORTING THEY HAVE A USUAL HEALTHCARE PROVIDER

Maine, 2010



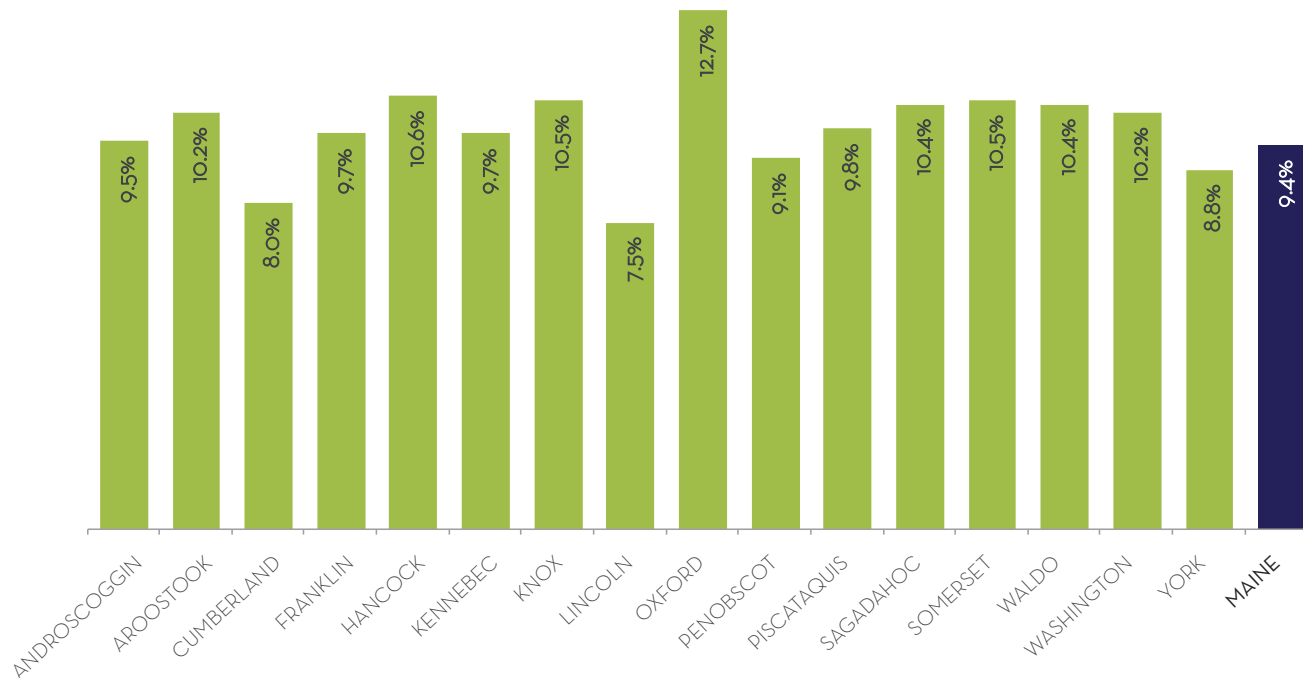
MAINE SOURCE: *Maine State Health Assessment 2012. Behavioral Health Risk Factor Assessment Survey.*
Available at: <http://www.maine.gov/tools/whatsnew/attach.php?id=445288&an=2>. Accessed on August 13, 2014.

NATIONAL SOURCE: *Centers for Disease Control and Prevention, Vital and Health Statistics, Series 10, Number 252, January 2012, Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2010.*
Available at: http://www.cdc.gov/nchs/data/series/sr_10/sr10_252.pdf.

HEALTHCARE COVERAGE & DELIVERY

PERCENT OF ADULTS REPORTING THEY COULD NOT SEE A DOCTOR DUE TO COST

Maine, 2006-2012 Average



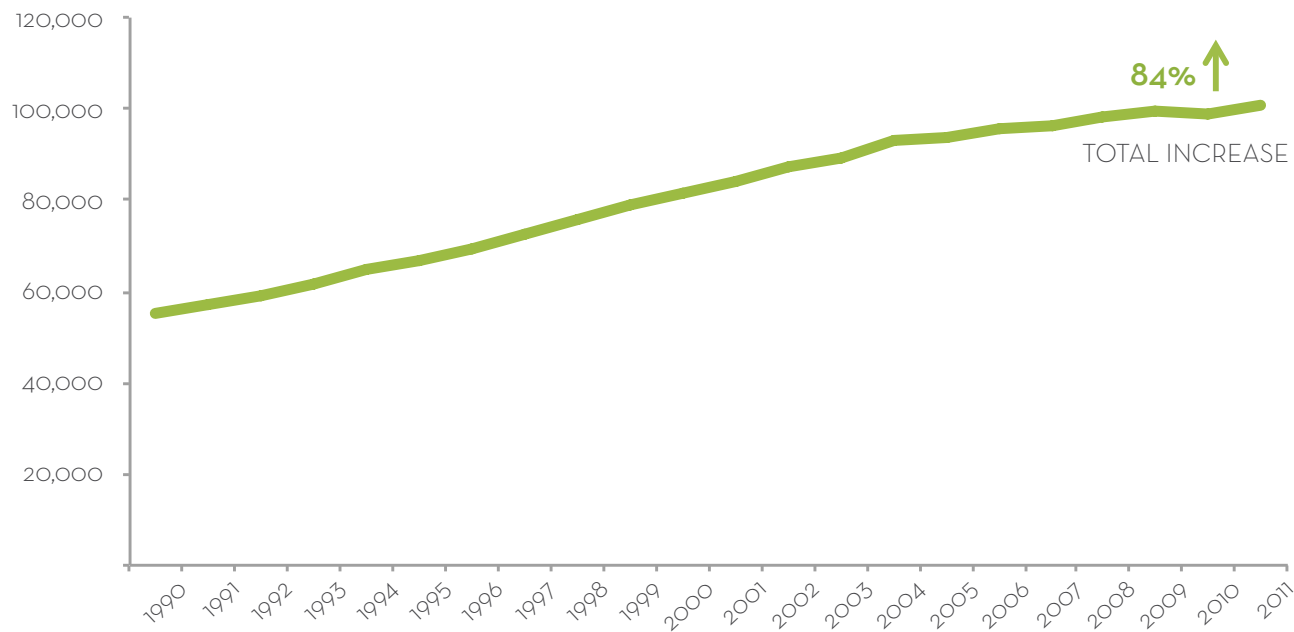
In 2010, 10.4 percent of Maine adults reported that there was a time in the preceding 12 months when they needed to see a doctor but could not due to cost. Since 2000, that rate has ranged from 8.8 percent to 11.5 percent.³⁵

NOTE: All data from the Behavioral Risk Factor Surveillance System are weighted by population and the HRQoL measures are age-adjusted. County-level measures are aggregated over seven years, from the National Center for Health Statistics (NCHS)/Centers for Disease Control and Prevention (CDC).

SOURCE: *Maine Behavioral Risk Factor Surveillance System, Could Not See Doctor Due to Cost.* Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/additional/87/data>. Accessed on August 27, 2014.

HEALTH SECTOR JOB TRENDS

Maine, 1990-2011



NOTE: Health sector jobs include employment in hospitals, ambulatory healthcare services, nursing and residential care facilities, and social assistance.

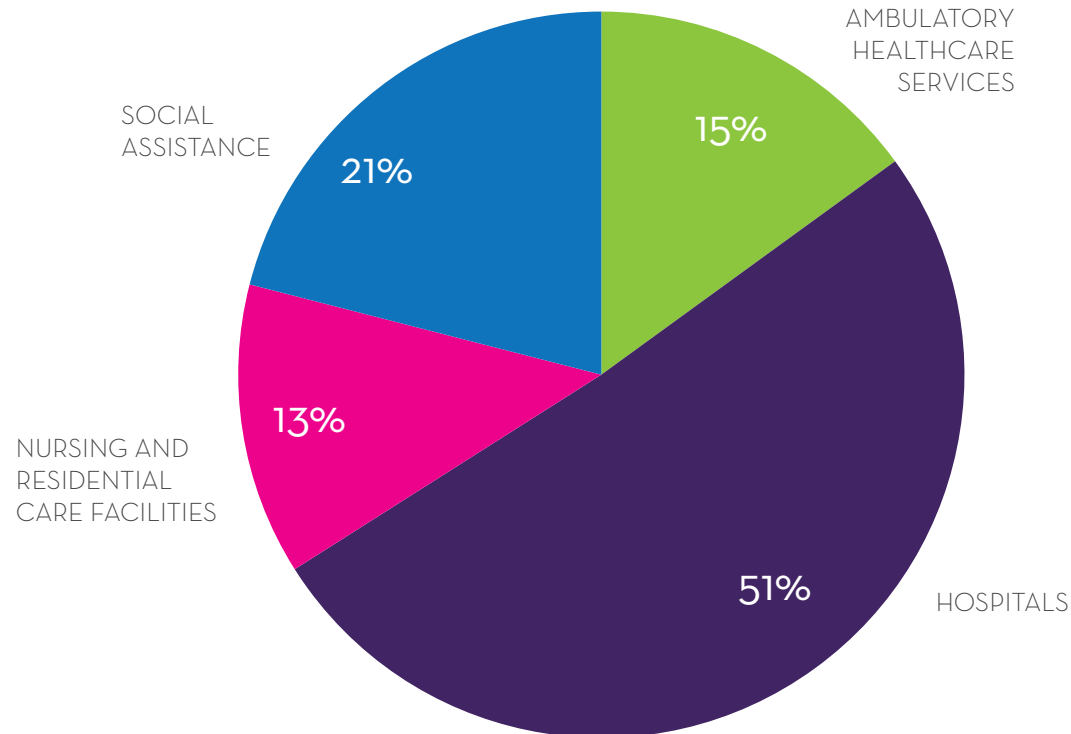
SOURCE: Maine Department of Labor, 2014 Health Occupations Report (April 2014). Available at: <http://www.maine.gov/labor/cwri/publications/pdf/2014HealthOccupationsReport.pdf>. Accessed on September 12, 2014.

HEALTHCARE COVERAGE & DELIVERY

The health sector is the biggest sector of Maine's economy in terms of wages and employment, encompassing over 100,000 jobs and \$4.4 billion in annual payroll.

CONTRIBUTORS TO HEALTH SECTOR EMPLOYMENT GROWTH

Maine, 2001-2011



NOTE: Health sector jobs include employment in hospitals, ambulatory healthcare services, nursing and residential care facilities, and social assistance. As the Maine Department of Labor notes in its 2014 Healthcare Occupations Report, “[t]hese figures may be skewed by the trend in consolidation of physician offices by hospitals. While the ownership structure of physician offices should not change a hospital’s total employment figures (unless the physician’s office is closed and the employees are moved into the hospital setting), it is possible that once acquired, hospitals could report physician’s office employees as employees of the hospital. This type of reporting error could have added a few percentage points to hospital employment growth over the last decade.”

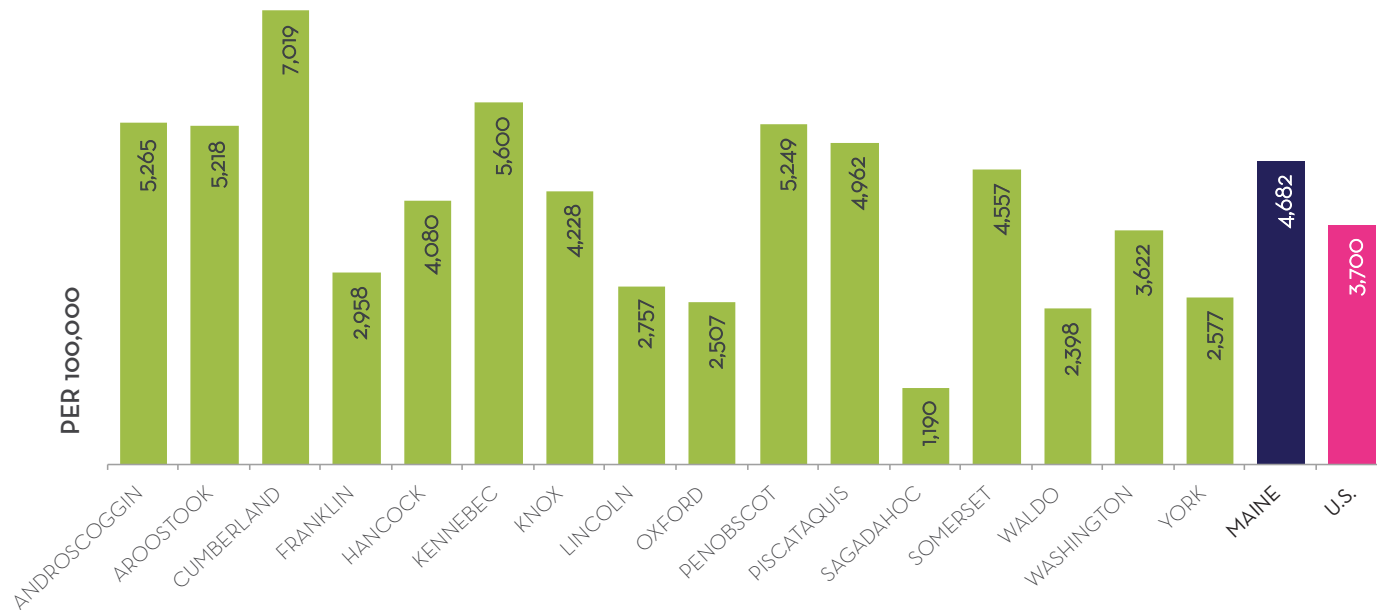
SOURCE: *Maine Department of Labor, 2014 Health Occupations Report (April 2014)*. Available at: <http://www.maine.gov/labor/cwri/publications/pdf/2014HealthOccupationsReport.pdf>. Accessed on September 12, 2014.

HEALTHCARE COVERAGE & DELIVERY

During the 2001 to 2011 period, 16,432 net healthcare jobs were produced in Maine, more than the number of jobs in all the other job-producing sectors combined.³⁶

HEALTH WORKERS PER 100,000 BY COUNTY

Maine, 2012



NOTE: Employment figures are for healthcare practitioners (SOC 29-0000) and healthcare support workers (SOC 31-0000). Some data is suppressed per BLS' data quality standards. In disaggregating the workforce by county, MDOL was able to account for 98.9 employment.

WORKFORCE SOURCE: *Maine Department of Labor, 2014 Health Occupations Report (April 2014)*. Available at: <http://www.maine.gov/labor/cwri/publications/pdf/2014HealthOccupationsReport.pdf>. Accessed on September 12, 2014.

POPULATION SOURCE: *U.S. Census Bureau, Census 2010: Profile of General Population and Housing Characteristics*. As seen in the *2010 Demographic Profile for Maine Towns, Cities, Counties, and the State*. Available at: <http://www.maine.gov/economist/census/>.

HEALTHCARE COVERAGE & DELIVERY

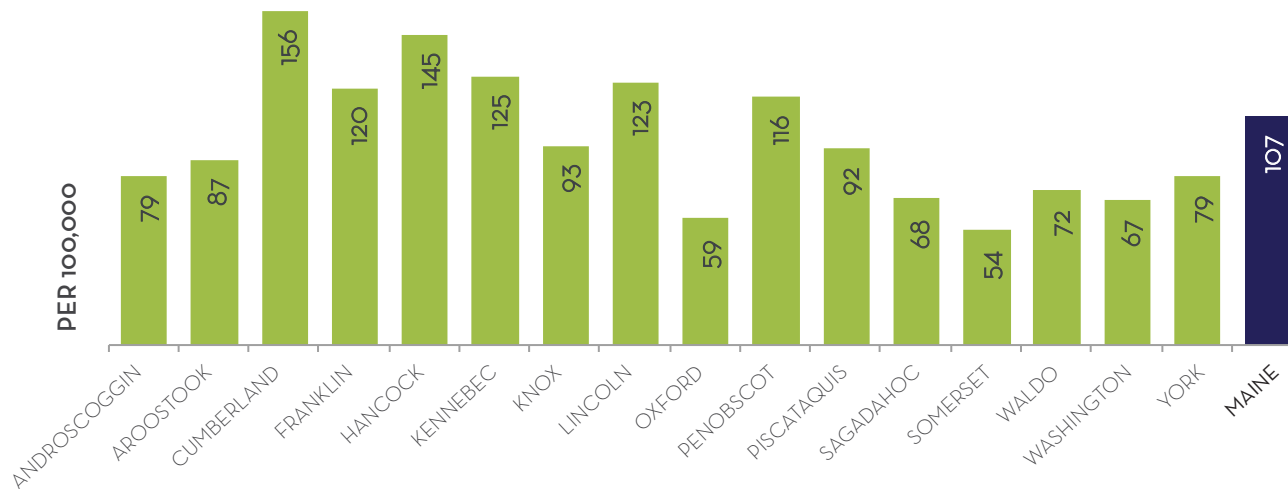
According to the Maine Department of Labor, Maine's urban areas tend to have more health workers as a share of their population.

Cumberland County, for example, includes 31 percent of Maine's health workforce, but accounts for only 21 percent of the state's population.

More rural counties, in contrast, have fewer health workers as a share of their population. But, residents in more rural counties still could have adequate access to care if they reside near a hospital in an adjacent county.

PRIMARY CARE PHYSICIANS PER 100,000 BY COUNTY

Maine, 2011



NOTE: Primary care physicians include MDs and DOs under 75 specializing in general practice medicine, family medicine, pediatrics, and internal medicine.

SOURCE: HRSA Area Resource File, County Health Rankings and Roadmaps. Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/factors/4/data>. Accessed on September 11, 2014.

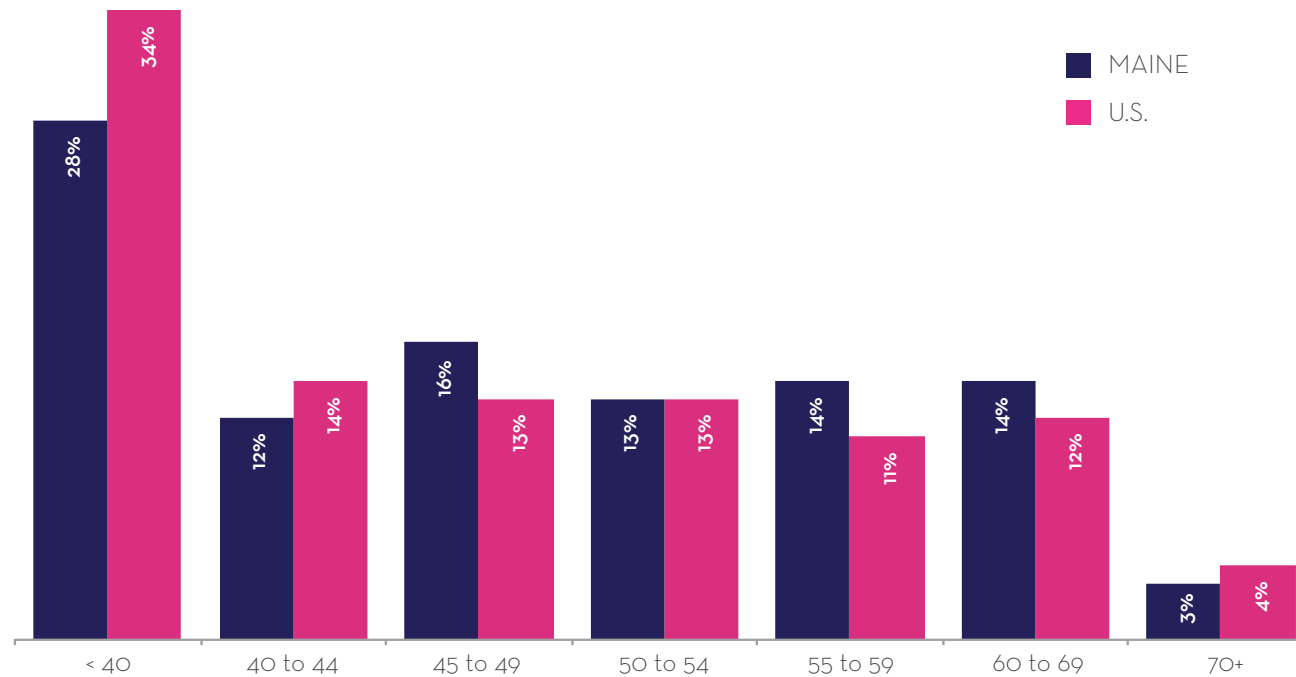
HEALTHCARE COVERAGE & DELIVERY

The number of primary care doctors per 100,000 in Maine increased by nearly 7 percent between 2005 and 2013. In both years, Maine had the 14th largest number of primary care physicians per capita nationwide.³⁷

HEALTHCARE COVERAGE & DELIVERY

PHYSICIANS AND SURGEONS BY AGE

Maine vs. U.S., 2006-2010 Average

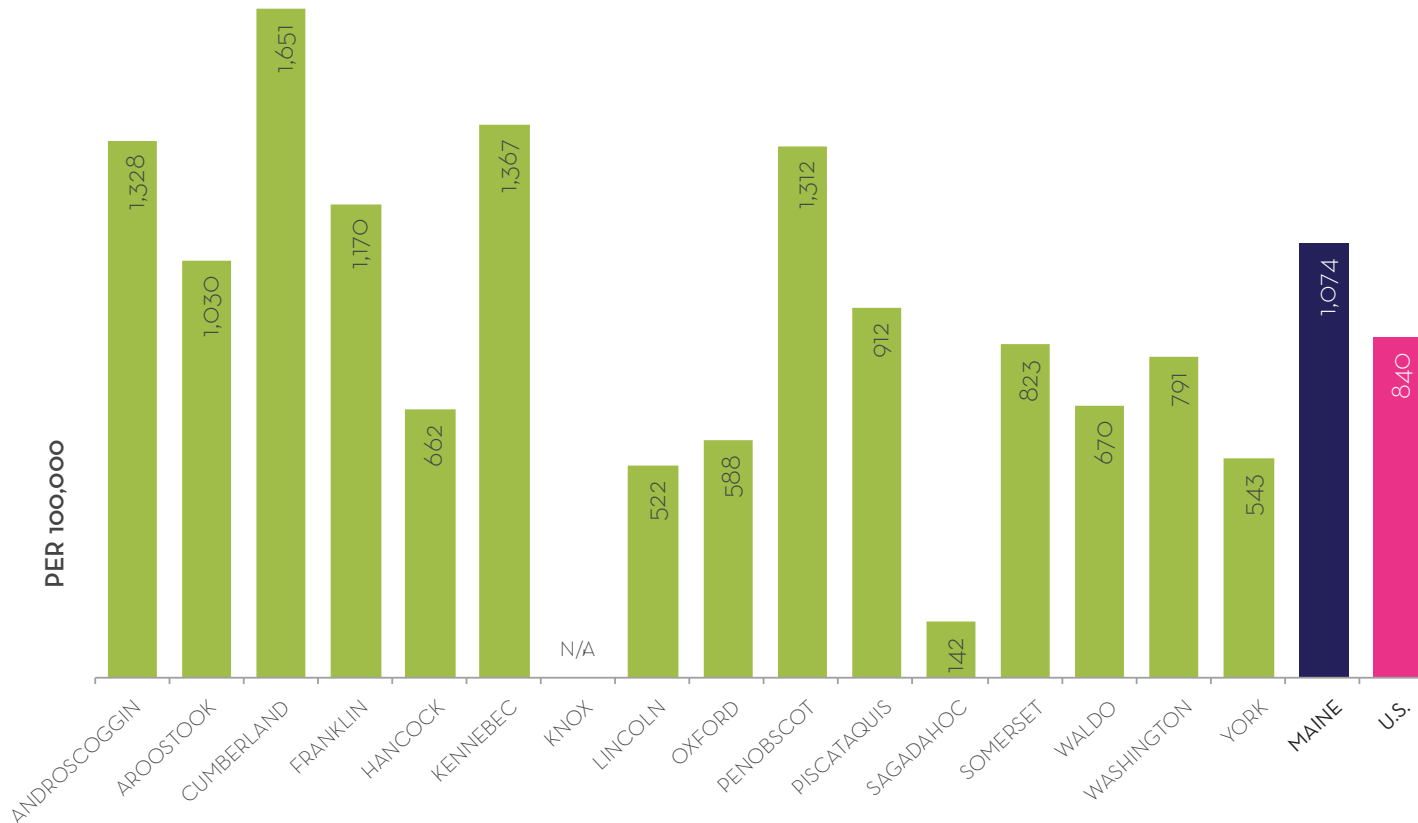


40 percent of physicians and surgeons nationwide are aged 50 or older, with another 34 percent under age 40. In Maine, 44 percent of the state's physicians and doctors are over 50 years old, while 28 percent are under 40.

SOURCE: EEO Tabulation 2006-2010 ACS file, CWRI. As found in Maine Department of Labor, 2014 Health Occupations Report (April 2014). Available at: <http://www.maine.gov/labor/cwri/publications/pdf/2014HealthOccupationsReport.pdf>. Accessed on September 12, 2014.

RNs PER 100,000 BY COUNTY

Maine, 2012



NOTE: Data from Knox County not available.

WORKFORCE SOURCE: *Maine Center for Workforce Research and Information analysis for Office Employment Services and Census Data. 2014 Health Occupations Report.* Available at: <http://www.maine.gov/labor/cwri/publications/pdf/2014HealthOccupationsReport.pdf>. Accessed on August 27, 2014.

POPULATION SOURCE: *U.S. Census Bureau, Census 2010: Profile of General Population and Housing Characteristics. As seen in the 2010 Demographic Profile for Maine Towns, Cities, Counties, and the State.* Available at: <http://www.maine.gov/economist/census/>.

HEALTHCARE COVERAGE & DELIVERY

In 2012, there were 14,260 RNs employed in Maine, a 34% increase over 2000 employment rates.

The Maine Department of Labor forecasts RN employment will increase by another 20% by 2020.

Maine—and the New England region—has traditionally had more RNs per capita than the rest of the nation. In 2000, the number of RNs per thousand in Maine was 17% higher than the national rate. By

2012, that differential had grown to 30%. In contrast, Maine has 50%

fewer LPNs (licensed practical nurses) per thousand than national

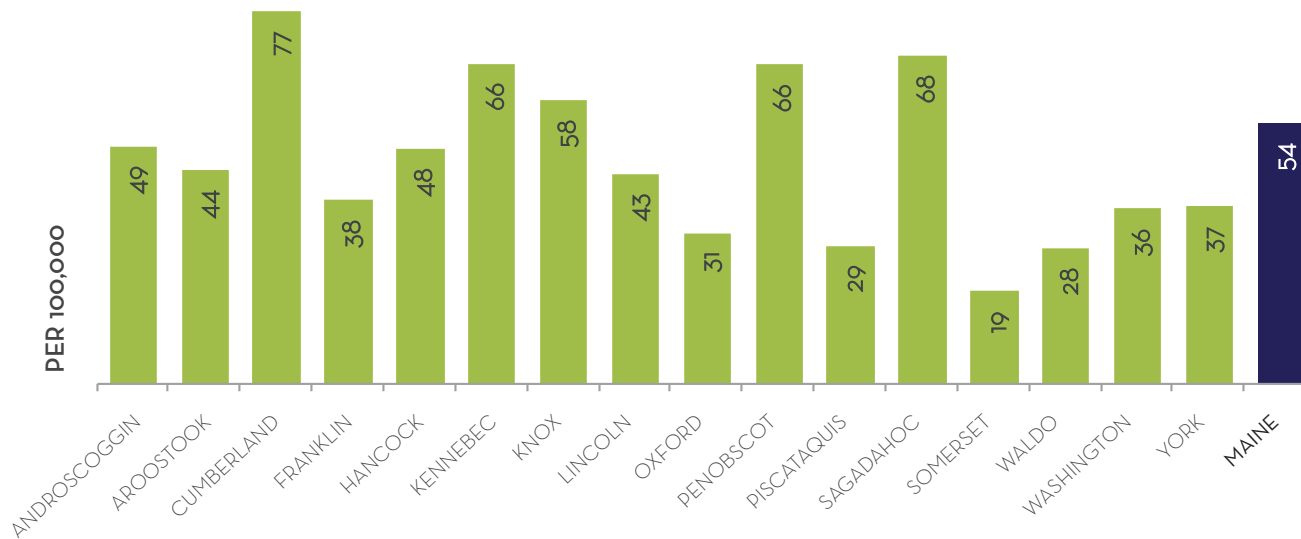
rates. In combination, Maine has

10% more nurses per thousand

than the national rate.

DENTISTS PER 100,000 BY COUNTY

Maine, 2012



SOURCE: HRSA Area Resource File, County Health Rankings and Roadmaps. Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/factors/88/data>. Accessed on September 11, 2014.

HEALTHCARE COVERAGE & DELIVERY

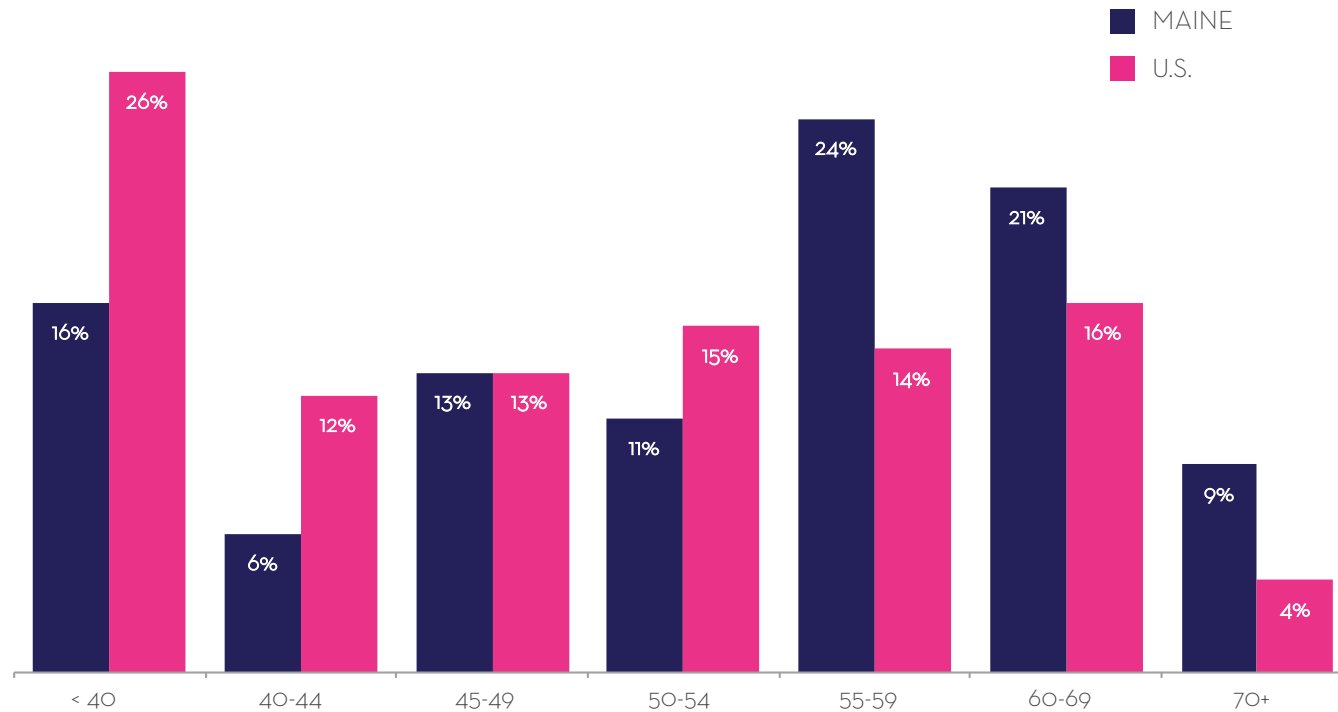
In 2013, the University of New England established the first dental school in northern New England, with an inaugural class of 64 students, more than one-third of whom are from Maine. According to UNE, “once the College of Dental Medicine is fully populated with students in all four years of the program, it will provide approximately 12,000-15,000 patient visits per year in the Oral Health Center and an additional 20,000-25,000 visits per year in the community-based network.”⁴⁴

HEALTHCARE COVERAGE & DELIVERY

34 percent of the nation's dentists are aged 55 or older. In Maine, that number is significantly higher, with 54 percent of the state's dentists aged 55 or older. Maine also has a smaller percentage of younger dentists, with only 16 percent of the state's dentists under age 40, compared to 26 percent nationally.

DENTISTS BY AGE

Maine vs U.S., 2006-2010 Average

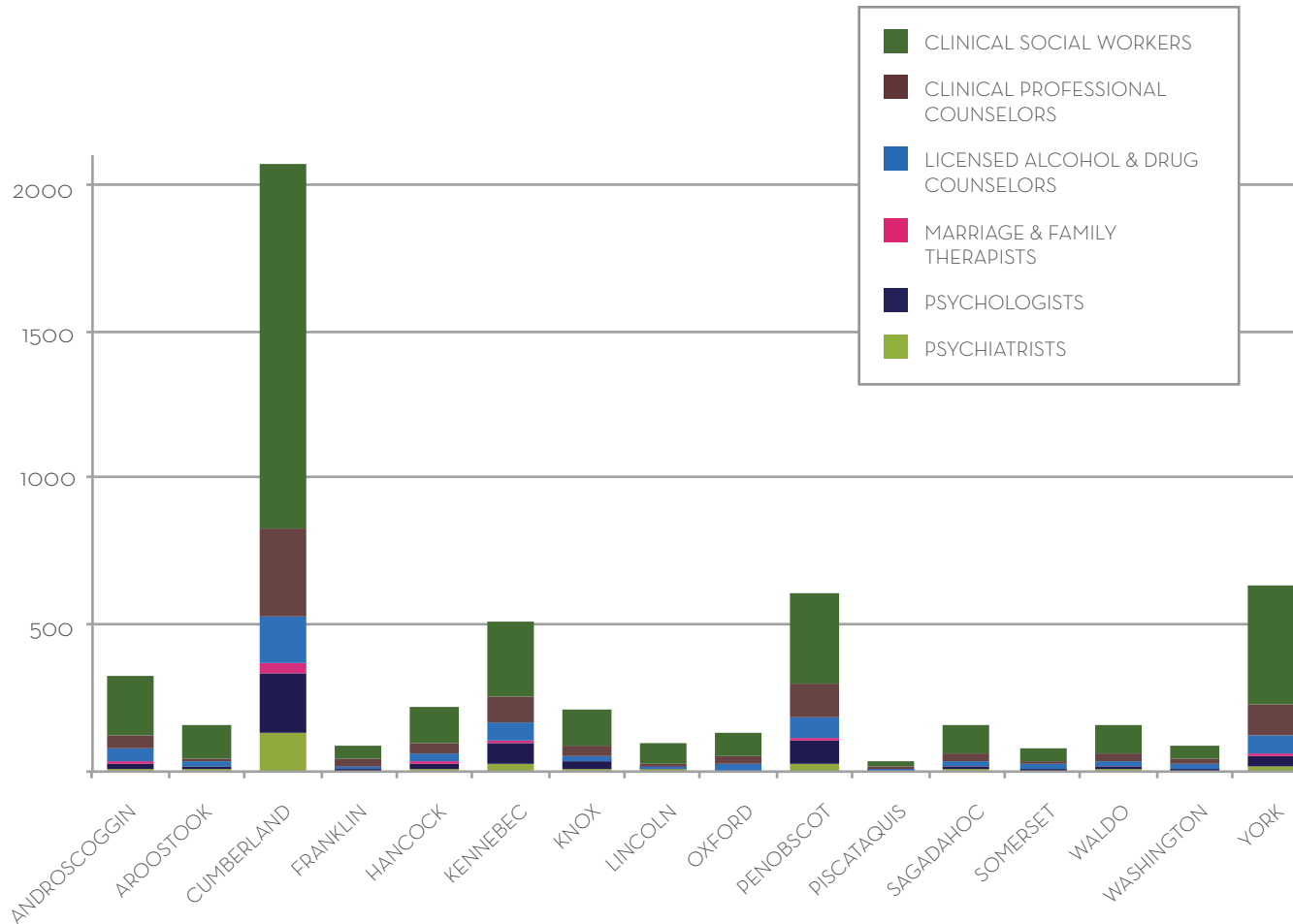


SOURCE: EEO Tabulation 2006-2010 ACS file, Maine Center for Workforce Research and Information, Dentists by Age. As found in: <http://www.maine.gov/labor/cwri/publications/pdf/2014HealthOccupationsReport.pdf>. Accessed on August 27, 2014.

HEALTHCARE COVERAGE & DELIVERY

LICENSED BEHAVIORAL HEALTHCARE PROVIDERS BY COUNTY

Maine, 2014

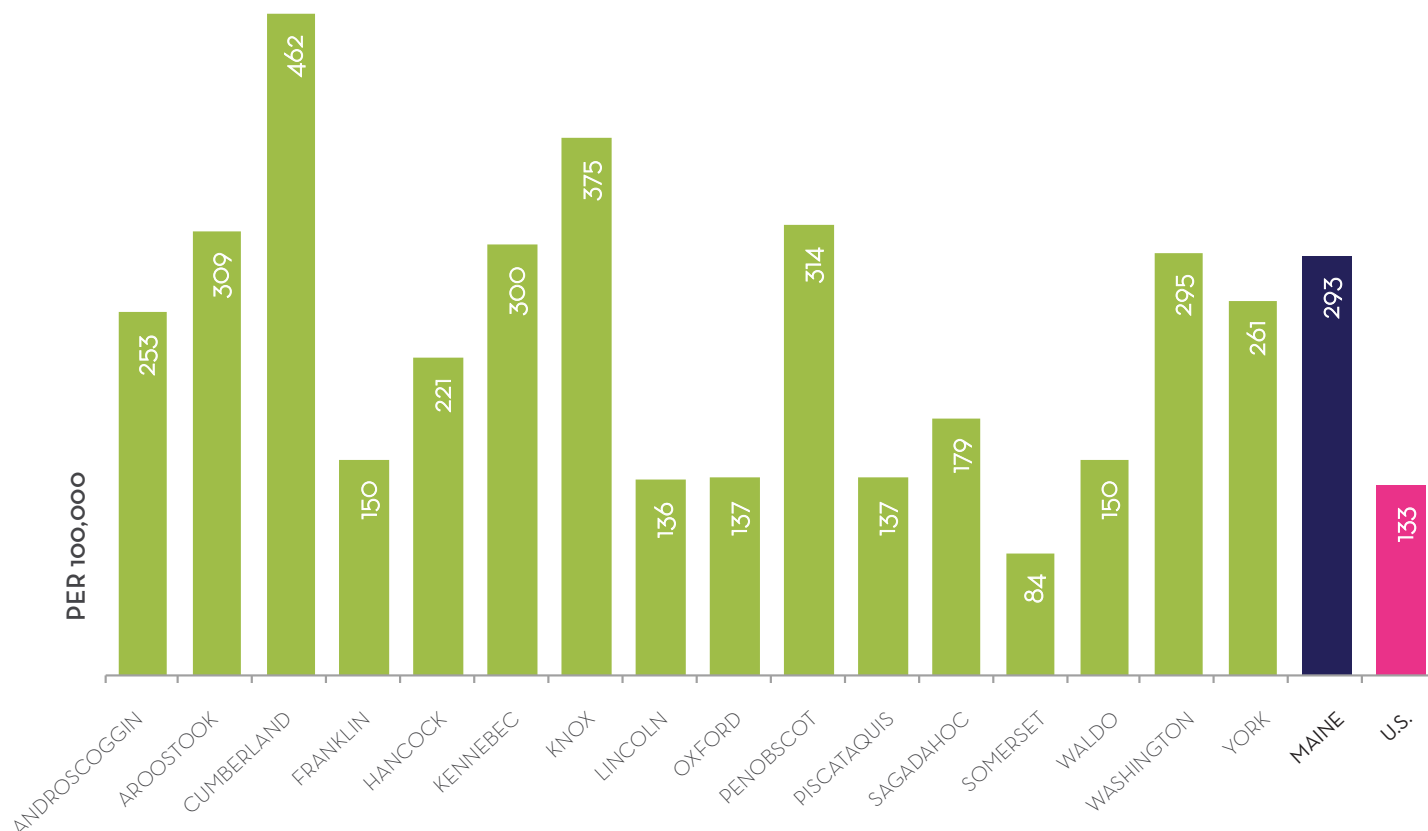


Clinical social workers are the largest group of behavioral healthcare providers in Maine, with over 3,200 practicing throughout the state. In addition, there are nearly 900 clinical professional counselors, 565 licensed drug and alcohol counselors, and 69 marriage and family therapists. Just over 500 psychologists also practice in the state, as well as 261 psychiatrists.

SOURCE: Data request to the Maine Office of Information Technology; provided on August 27, 2014.

BEHAVIORAL HEALTHCARE PROVIDERS PER 100,000 BY COUNTY

Maine, 2013



HEALTHCARE COVERAGE & DELIVERY

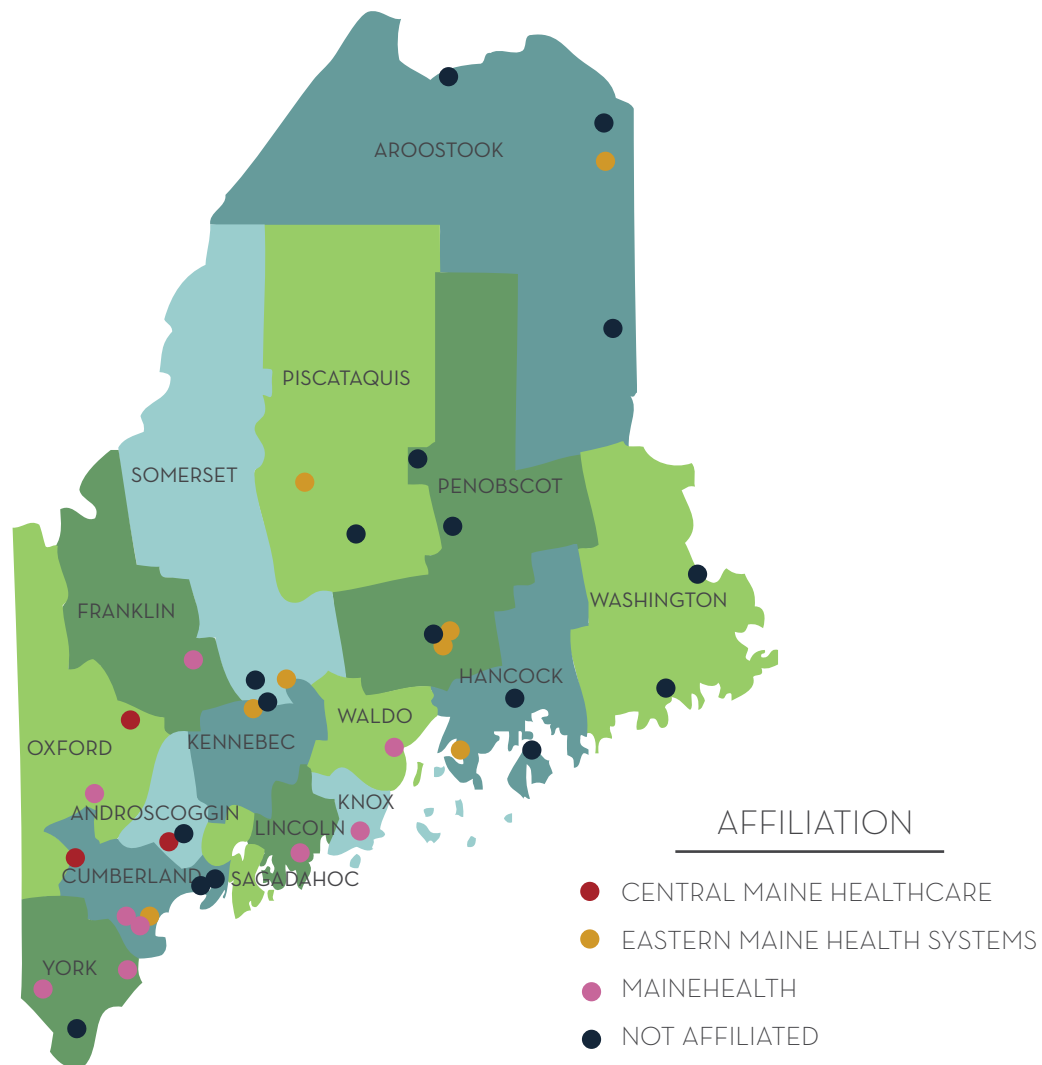
There were nearly 300 behavioral health providers per 100,000 in Maine in 2013, including psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care. Per capita rates varied by county, from a high of 462 in Cumberland to 84 in Somerset. Nationwide, there were 133 behavioral health providers per 100,000.

NOTE: Statistics come from the National Provider Identification data and may not include small providers without electronic health records. Behavioral health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care.

SOURCE: CMS, *National Provider Identification*, as found in *County Health Rankings, Mental Health Providers*. Available at: <http://www.countyhealthrankings.org/app/maine/2014/measure/factors/62/description>. Accessed August 25, 2014.

MAINE HOSPITALS BY AFFILIATION

Maine, 2012



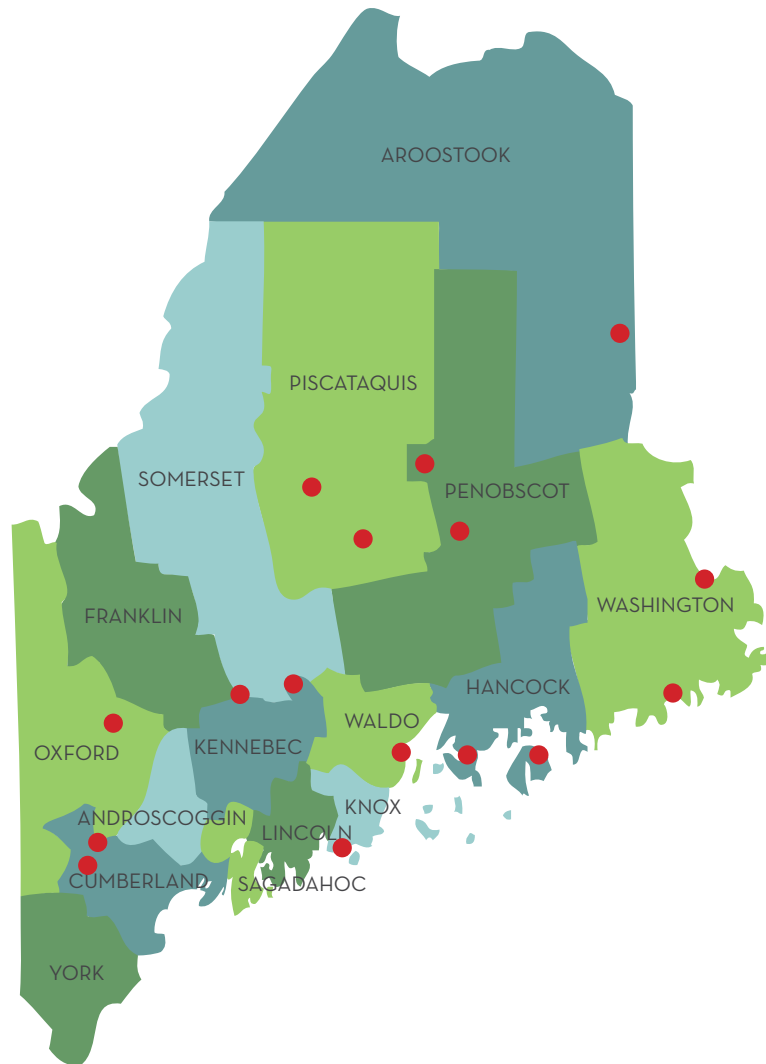
SOURCE: Hospital websites.

HEALTHCARE COVERAGE & DELIVERY

There are currently 37 hospitals serving communities throughout Maine, including 34 non-profit general acute care hospitals, two private psychiatric hospitals, and one acute rehabilitation hospital.

CRITICAL ACCESS HOSPITALS

Maine, 2014



HEALTHCARE COVERAGE & DELIVERY

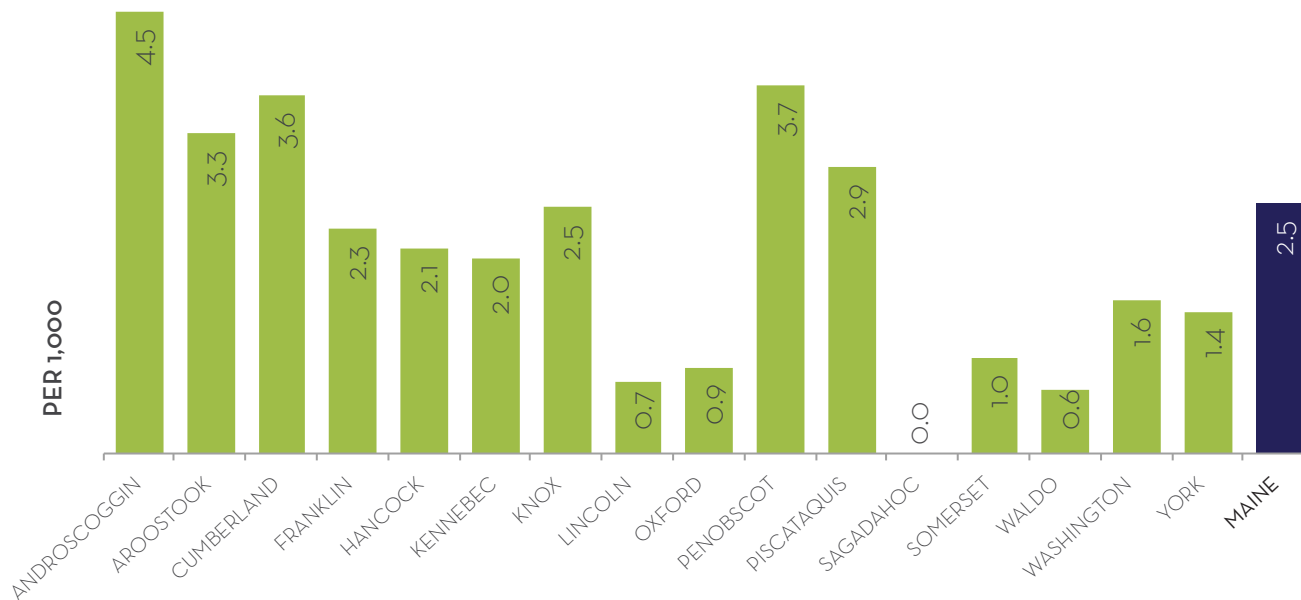
16 of Maine's hospitals operate as critical access hospitals, a federal designation designed to assist small rural hospitals by providing them with cost-based reimbursement for allowable costs. Critical access hospitals must have no more than 25 beds, limit the average length of stay for acute care patients to no more than 96 hours, operate a 24 hour emergency room, and be at least 35 miles from the next nearest hospital.

SOURCE: Office of Rural Health and Primary Care. Updated January 2014. Available at: <http://www.maine.gov/dhhs/mecdc/health-equity/rhpc/documents/county-cah.pdf>. Accessed on August 13, 2014.

HEALTHCARE COVERAGE & DELIVERY

LICENSED HOSPITAL BEDS PER 1,000 BY COUNTY

Maine, 2014



NOTE: Beds are licensed acute beds.

SOURCE: Licensed beds from Maine Hospital Association. Available at: <http://www.themha.org/our-members/Member-Hospitals.aspx>. Accessed September 18, 2014.

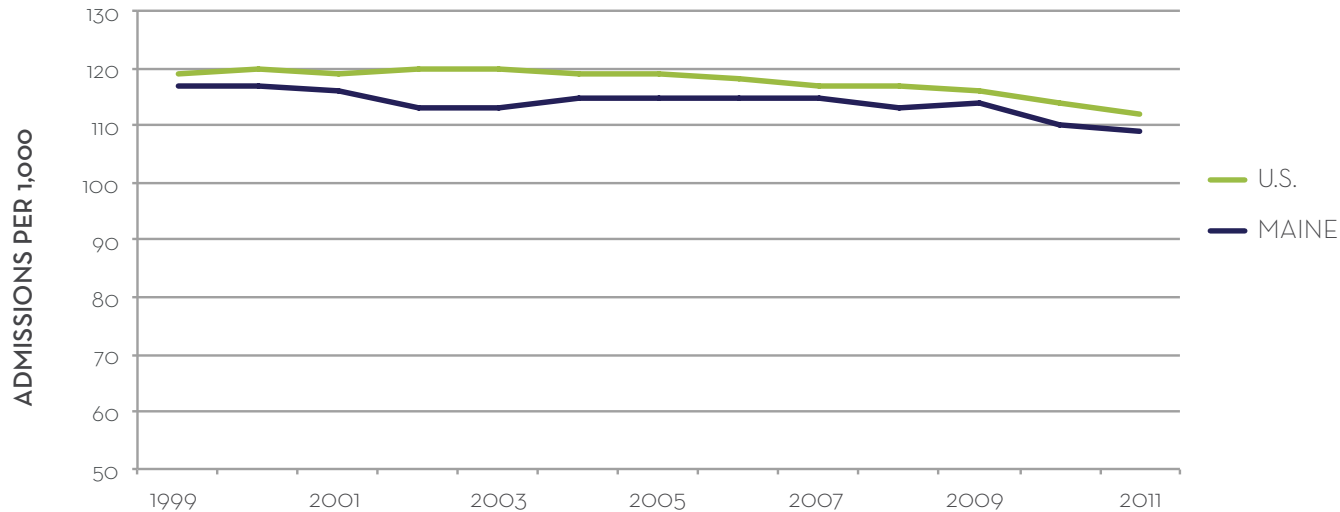
County and state population data are 2013 estimates from the U.S. Census Bureau, State and County Quick Facts. Available at: <http://quickfacts.census.gov/qfd/states/23000.html>. Accessed September 18, 2014.

There are currently 3,383 licensed beds in Maine's 34 general acute care hospitals. Including the state's rehabilitation hospital and two psychiatric hospitals, the total number of licensed beds rises to 3,656— 28 percent below the 5,076 beds licensed in the state in 1980.³⁸

HEALTHCARE COVERAGE & DELIVERY

HOSPITAL ADMISSIONS PER 1,000

Maine, 1999-2011



Hospital admissions have declined slightly in both Maine and at the national level. Between 1999 and 2011, hospital admissions per 1,000 dropped 7 percent in Maine, from 117 in 1999 to 109 in 2011. National admissions followed a similar trend, declining from 119 per 1,000 to 112 per 1,000 between 1999 and 2011, for a total reduction of 6 percent.

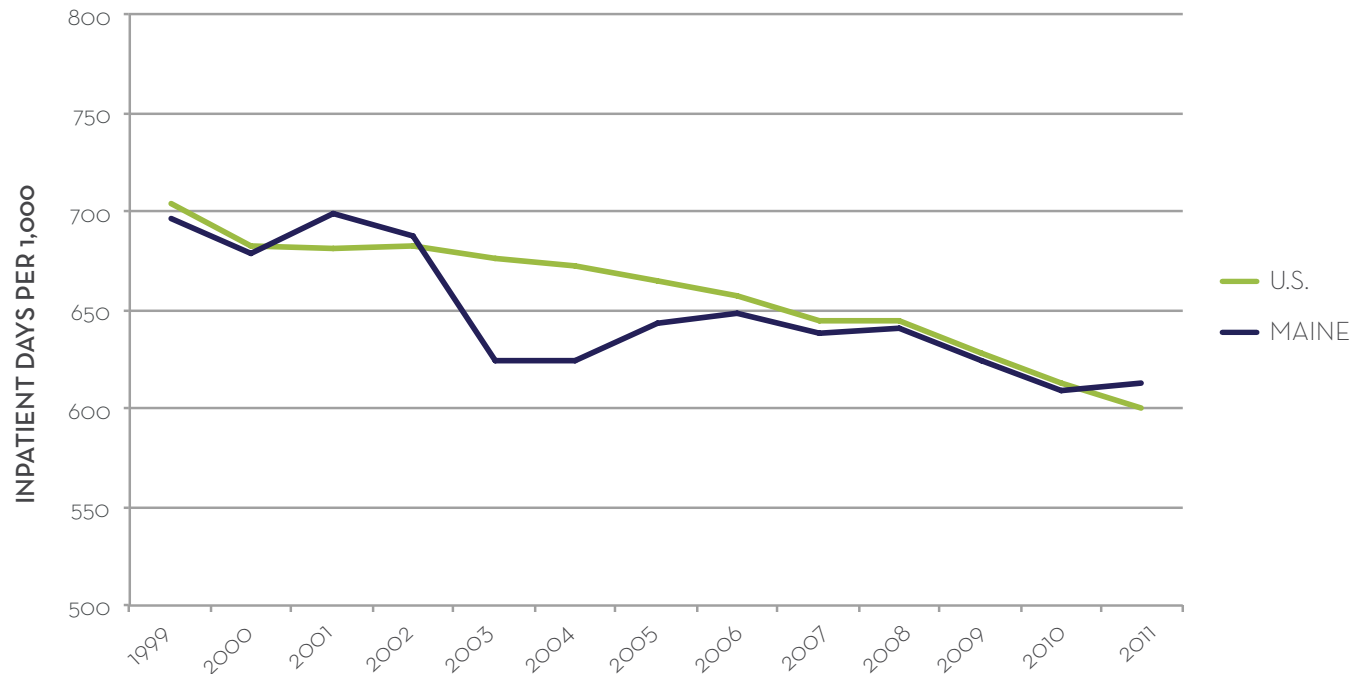
NOTE: Data are for community hospitals, which represent 85% of all hospitals. Federal hospitals, long term care hospitals, psychiatric hospitals, institutions for the mentally disabled, and alcoholism and other chemical dependency hospitals are not included.

SOURCE: 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, and 2011 AHA Annual Survey, Copyright 2013 by Health Forum LLC, an affiliate of the American Hospital Association, special data request, 2013. Available at: <http://www.ahaonlinestore.com>. Population data from Annual Population Estimates by State, U.S. Census Bureau. Available at: <http://www.census.gov/popest/>. As found in: Kaiser Family Foundation, State Health Facts, "Hospital Admissions per 1,000 Population". Available at: <http://kff.org/other/state-indicator/admissions/#graph>.

HEALTHCARE COVERAGE & DELIVERY

HOSPITAL INPATIENT DAYS PER 1,000

Maine, 1999-2011

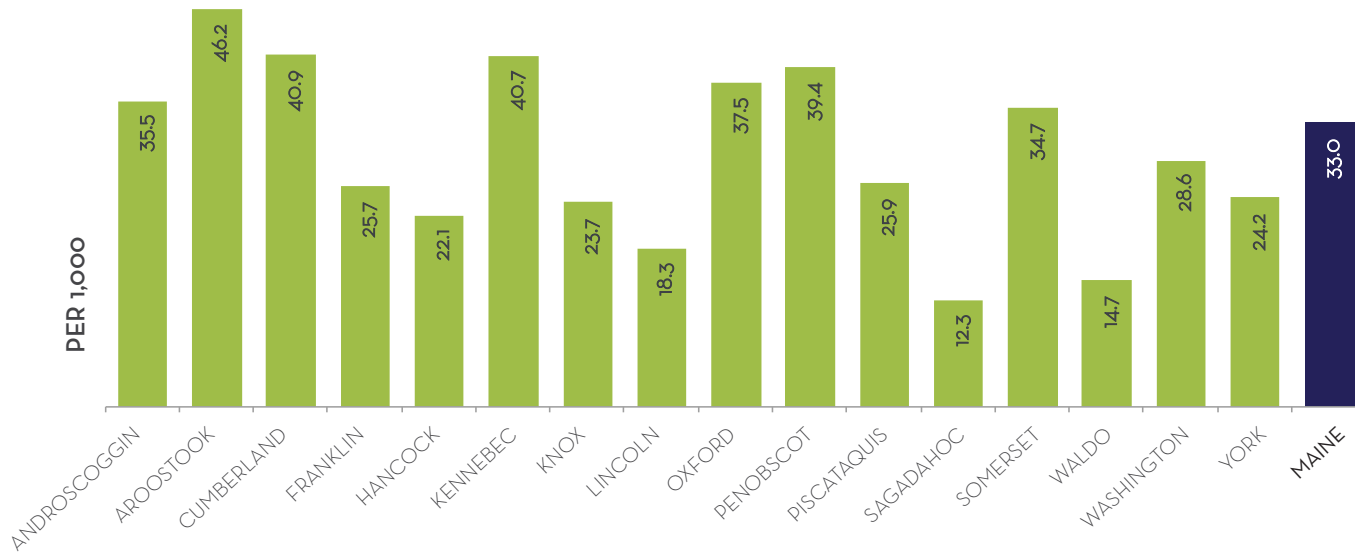


In addition to a downward trend in the number of admissions, the number of inpatient days is also on the decline in Maine and nationally. Between 1999 and 2011, the number of inpatient days per 1,000 dropped 12 percent in Maine, declining from 696 to 613. National rates followed a similar trend, with inpatient days dropping from 704 in 1999 to 600 in 2011, a drop of 15 percent.

SOURCE: 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, and 2011 AHA Annual Survey, Copyright 2013 by Health Forum LLC, an affiliate of the American Hospital Association, special data request, 2013. Available at: <http://www.ahaonlinestore.com>. Population data from Annual Population Estimates by State, U.S. Census Bureau. Available at: <http://www.census.gov/popest/>. As found in: Kaiser Family Foundation, State Health Facts, "Hospital Inpatient Days per 1,000 Population." Available at: <http://kff.org/other/state-indicator/inpatient-days/#graph>.

NURSING HOME BEDS PER 1,000 POPULATION 65+ BY COUNTY

Maine, 2014



HEALTHCARE COVERAGE & DELIVERY

Maine has 33 licensed nursing home beds per 100,000 people ages 65 and older. Between 2010 and 2030, the percentage of the Maine population 65 and older is expected to grow from 16 percent to more than 26 percent, creating increased demand for nursing home beds.³⁹

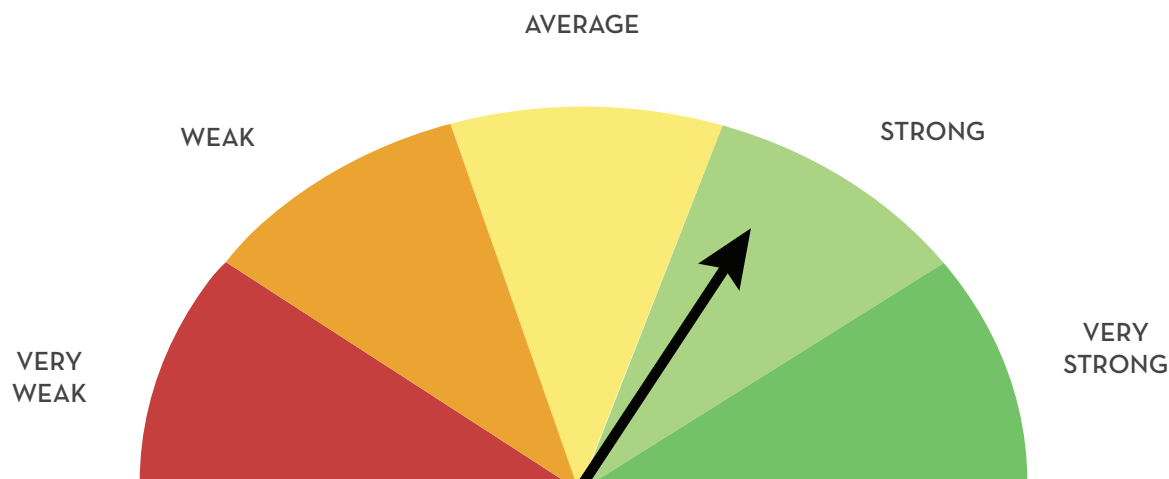
SOURCE: Nursing home data is from the Maine Department of Health and Human Services, Division of Licensing and Regulatory Services; provided on July 14, 2014. County population data based on calculations from State of Maine Office of Policy and Management, Maine Demographic Projections.

QUALITY

In Maine, we are fortunate to have access to high quality healthcare services. That said, there remains opportunity for improving that care even more. In this section, you will find some data related to the quality of care in Maine, including comparisons to national quality data.

QUALITY

MAINE RANKS STRONG ON NATIONAL HEALTHCARE QUALITY DASHBOARD Maine, 2014



QUALITY

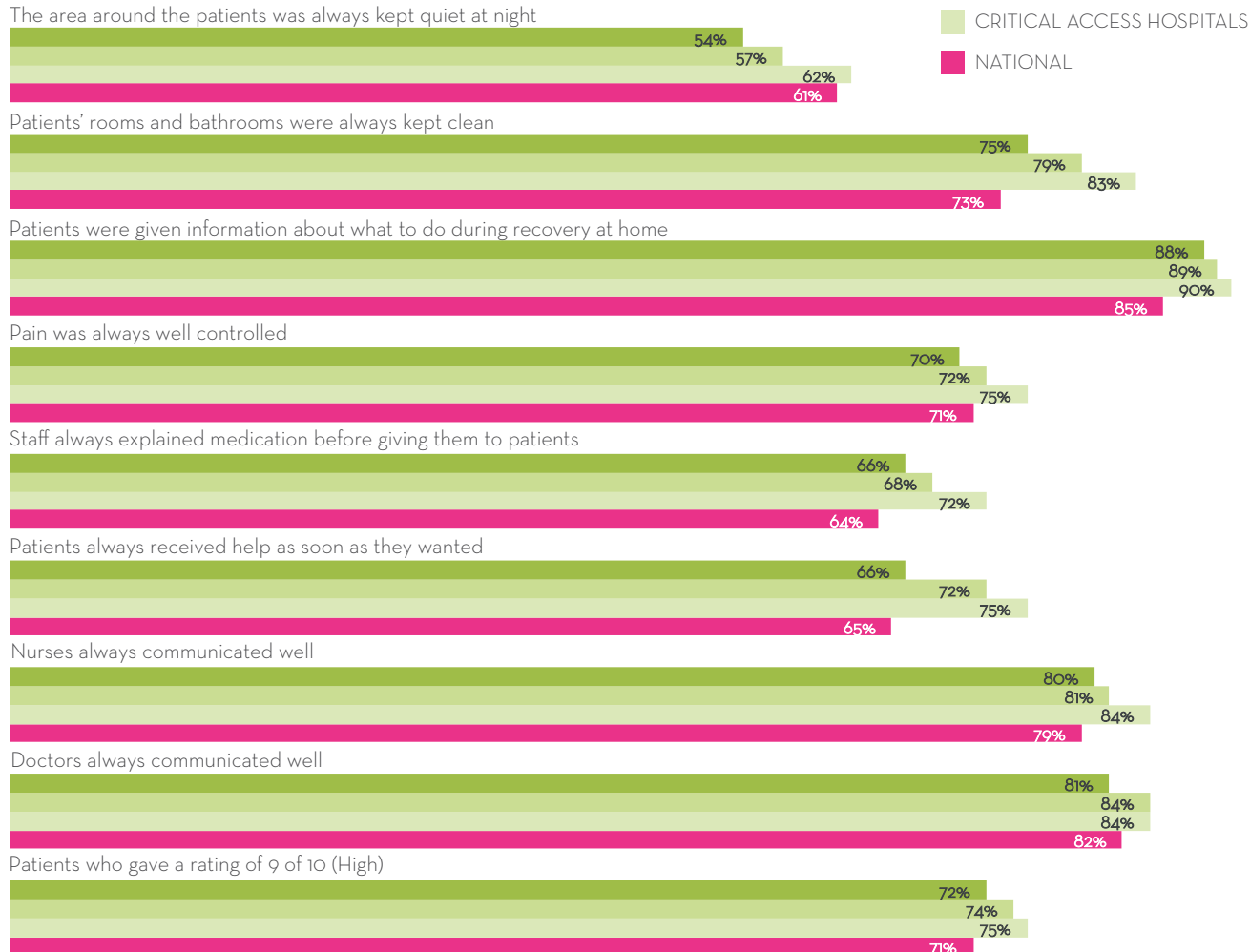
The National Healthcare Quality Report (NHQR) evaluates national trends in the quality of health care provided to Americans. It measures trends in effectiveness, safety, timeliness, patient centeredness, care coordination, efficiency and adequacy of health system infrastructure. Out of all 50 states, Maine is ranked fourth in the NHQR report, behind Minnesota, Massachusetts and Wisconsin.⁴⁰

SOURCE: Maine State Dashboard, National Healthcare Quality and Disparity Report. As found in: <http://nhqrnet.ahrq.gov/inhqrdr/Maine/dashboard>. Accessed on September 3, 2014.

QUALITY

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey measures a patient's experience of care while receiving health care services in a hospital setting. The survey focuses on nine key patient-centered topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transitions of care.

H-CAHPS SURVEY SUMMARY ON PATIENT EXPERIENCE BY HOSPITAL PEER GROUP MAINE vs U.S., 2012-2013



SOURCE: The chart contains HCAHPS data reported by Maine hospitals to the Centers for Medicare & Medicaid Services. This data is publicly available on the CMS Hospital Compare website (www.hospitalcompare.hhs.gov). The chart contains HCAHPS data reported by Maine hospitals for Q4 2012-Q3 2013 (or October 1, 2012-September 30, 2013).

STATES WITH HIGHEST HOSPITAL SAFETY RANKINGS FROM LEAPFROG U.S., 2014

1. **Maine**
2. Massachusetts
3. South Dakota
4. Illinois
5. Hawaii
6. Tennessee
7. New Jersey
8. Virginia
9. California
10. Colorado

QUALITY

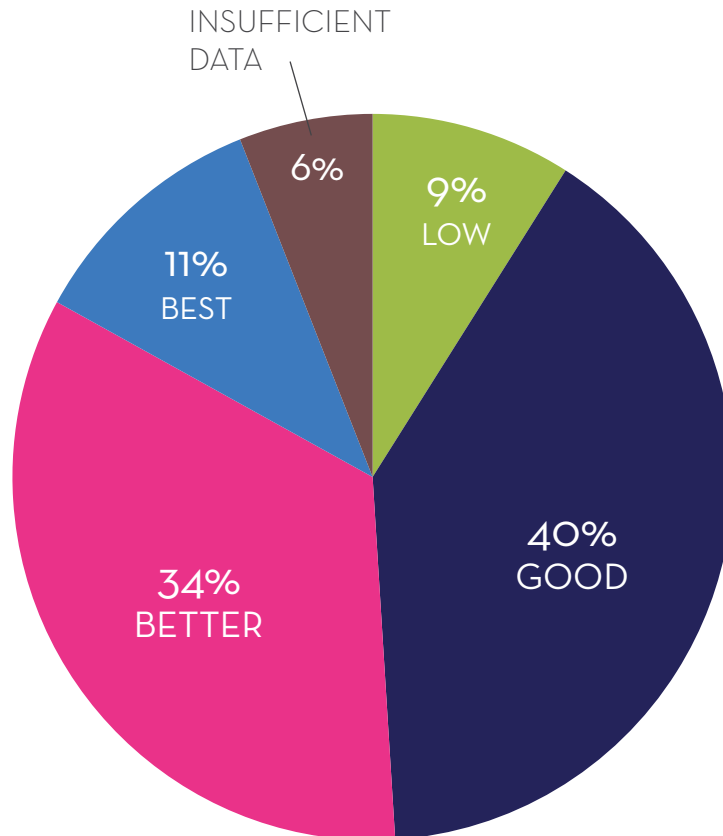
Leapfrog is an employer-led coalition of stakeholders whose mission is to advance safety, quality, and transparency. In 2007 Maine became the first state in the country to have 100 percent hospital participation in Leapfrog. In recent years Leapfrog has introduced the Hospital Safety Score to report on hospital performance on key indicators related to: medication errors, high-risk surgeries, ICU staffing, maternity care, serious adverse events, safety practices, and hospital acquired conditions (HACs). In the most recent Safety Score results, Maine had the highest ranking in the nation.

SOURCE: *Request to Leapfrog; provided September 16, 2014.*

QUALITY

SURGICAL CARE IMPROVEMENT PROJECT (SCIP) RATINGS

Maine, 2013



Developed by a partnership of national organizations, the Surgical Care Improvement Project (SCIP) measures are designed to improve the safety of surgical care by preventing surgery-related complications. These measures are part of hospital reporting available on <http://www.medicare.gov/hospitalcompare/search.html>.

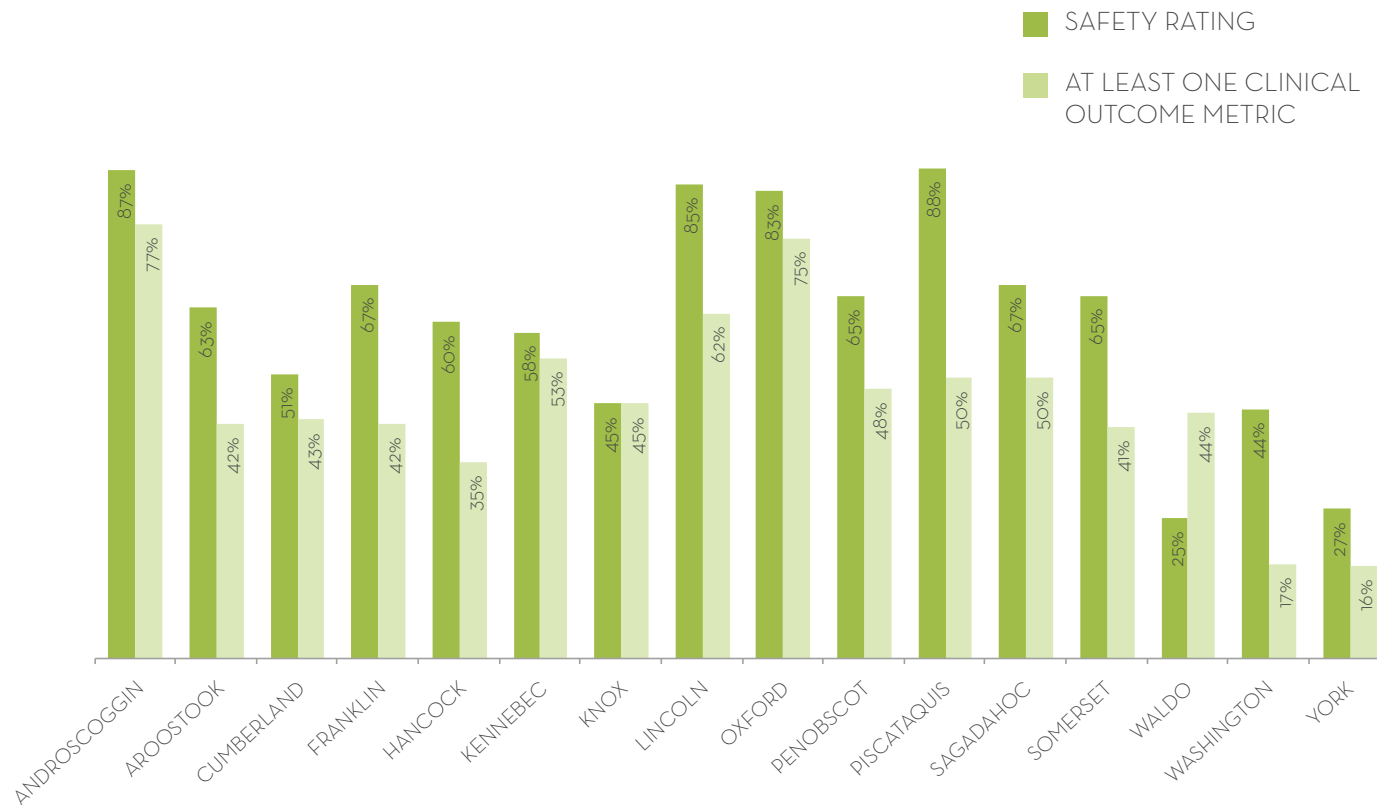
NOTE: Rating methodologies for practices and hospitals are available at: <http://www.mehmc.org/providers/pte-resources/download-pte-materials-2/>.

SOURCE: Data based on submissions from Maine hospitals, as reported to CMS, from First Quarter 2013 to Fourth Quarter 2013. SCIP (Surgical Care Improvement Project) measures for GBM reporting.

QUALITY

PERCENT OF PRACTICES PARTICIPATING IN PUBLIC REPORTING ON GETBETTERMAINE.ORG BY COUNTY

Maine, August 2014



GetBettMaine quality ratings are based on voluntary submissions by primary care practices to national rating organizations (Bridges to Excellence and/or the National Committee for Quality Assurance). Measures have been vetted through the PTE/MHMC process and represent clinical outcome data that has been submitted for review directly by primary care practices in the state of Maine. Participation has increased over the years, and as more awareness is brought to these measures, the participation continues to rise.

SOURCE: Recognition Data Exchange (RDE) Report received from Bridges to Excellence (BTE) on September 10, 2014. The RDE report contains all active BTE recognitions and National Committee for Quality Assurance (NCQA) recognitions for providers and practices across the state of Maine.

COST

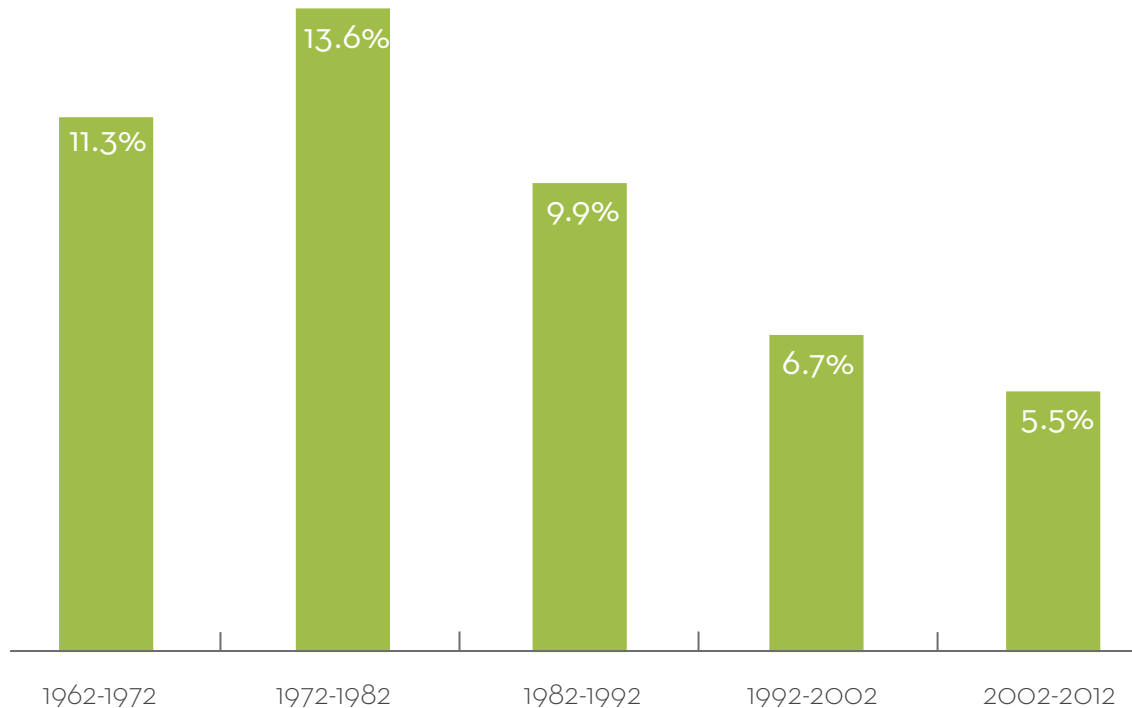
Cost of care is one of the most important issues facing Maine as a state and the US as a nation. The cost of care is influenced by many, many factors, including demographics and health status, as well as utilization and mix of services, and the price of services.

In this section, we include national data related to healthcare spending, and local data related to the cost of care and resource use, which varies considerably from county to county.

COST

COST

AVERAGE ANNUAL GROWTH RATES IN NATIONAL HEALTH EXPENDITURES U.S., 1962-2012



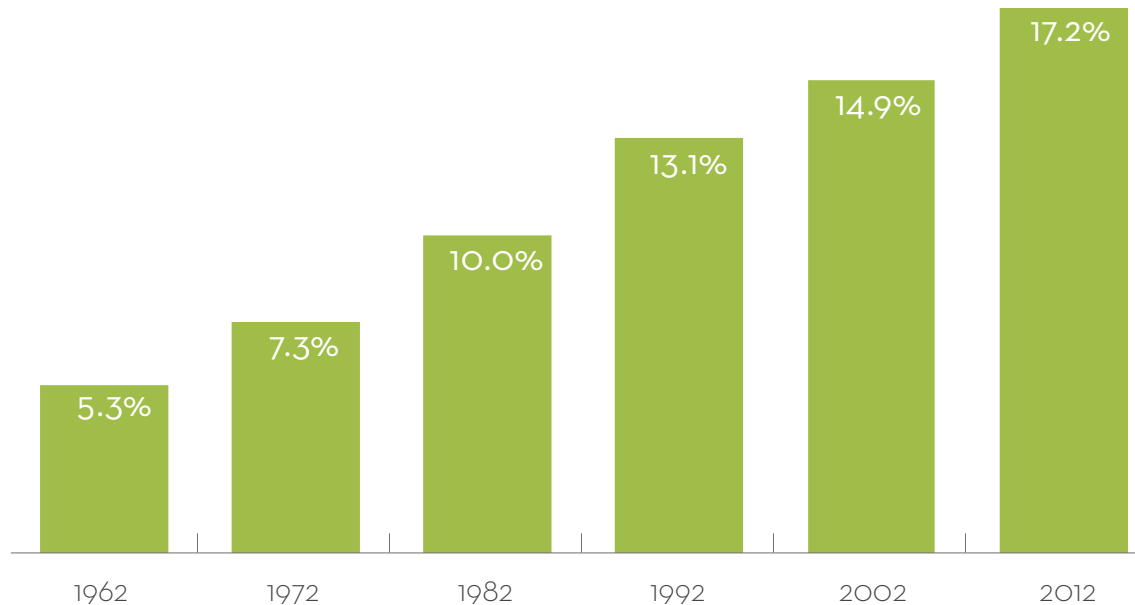
In 2012, national health spending totaled \$2.8 trillion, or \$8,915 per capita. In the preceding 10 years, total health spending increased by an average of 5.5 percent per year, down from an average annual increase of 6.7 percent in the previous decade.⁴¹

NOTE: National health expenditures include personal care (hospital care; professional services, including physician, clinical, and dental; nursing care facilities; home health care; other health care; and retail outlet sales, including prescription drugs, durable medical equipment and other nondurable medical products); net cost of health insurance; government administration; public health activities; and investment (research and structures and equipment).

SOURCE: Centers for Medicare and Medicaid Services (CMS), *National Health Expenditures*, 2014 release. Available at: www.cms.gov. August 20, 2014. As found in the *California Healthcare Almanac, Health Care Costs 101: Slow Growth Persists (2014)*, California Healthcare Foundation.

COST

HEALTHCARE SPENDING AS A PERCENT OF GROSS DOMESTIC PRODUCT U.S., 1962-2012



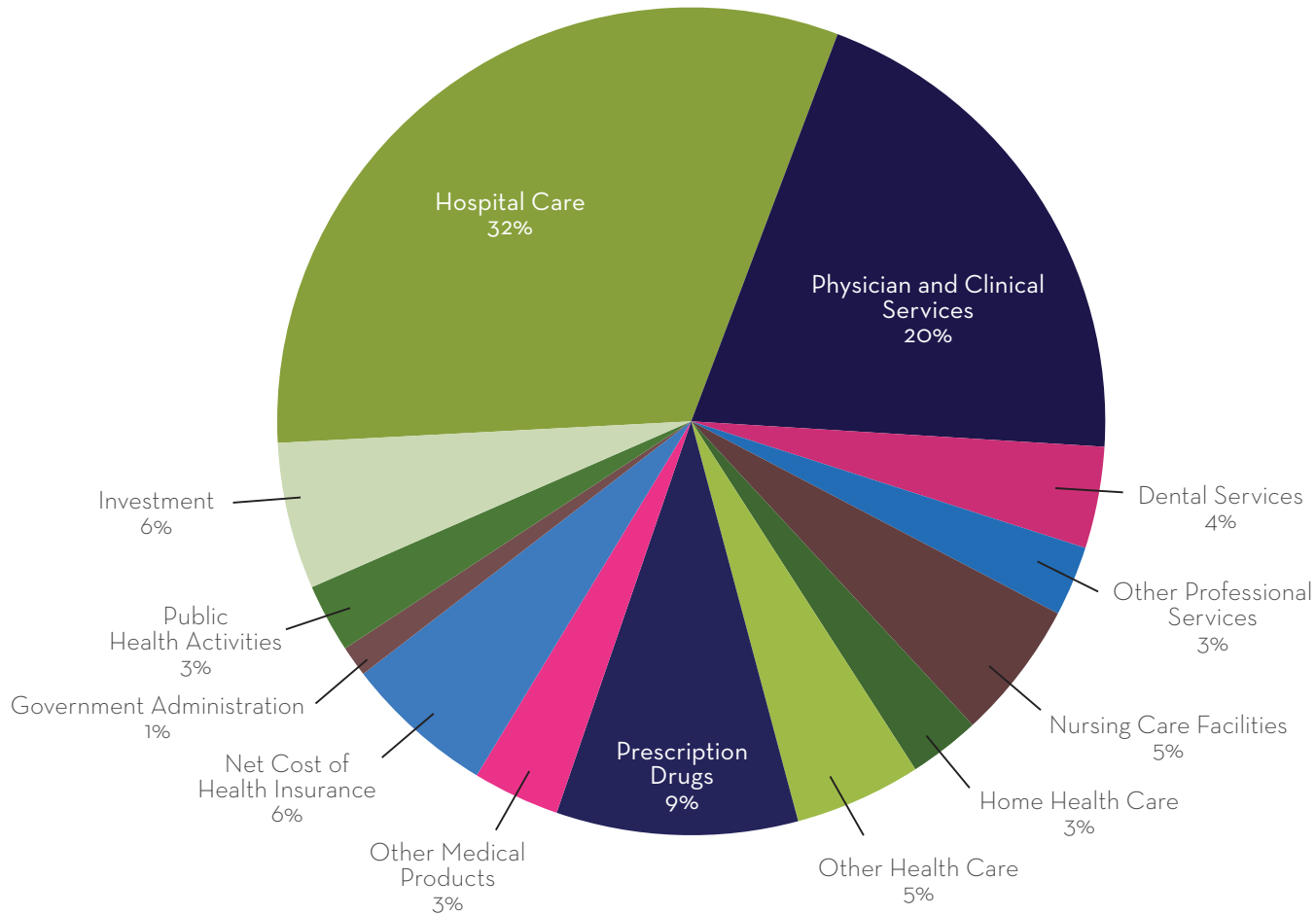
NOTE: Health spending refers to National Health Expenditures.

SOURCE: Centers for Medicare and Medicaid, *National Health Expenditures*, 2014 release.
Available at: www.cms.gov. As found in the *California Healthcare Almanac, Healthcare costs 101: Slow Growth Persists*.

Over the past 50 years, healthcare spending has grown from 5.3 percent of the U.S. economy to 17.2 percent. In the past decade its share has risen from 14.9 percent to 17.2 percent—a 15 percent increase.⁴¹

COST

HEALTHCARE SPENDING BY CATEGORY U.S., 2012

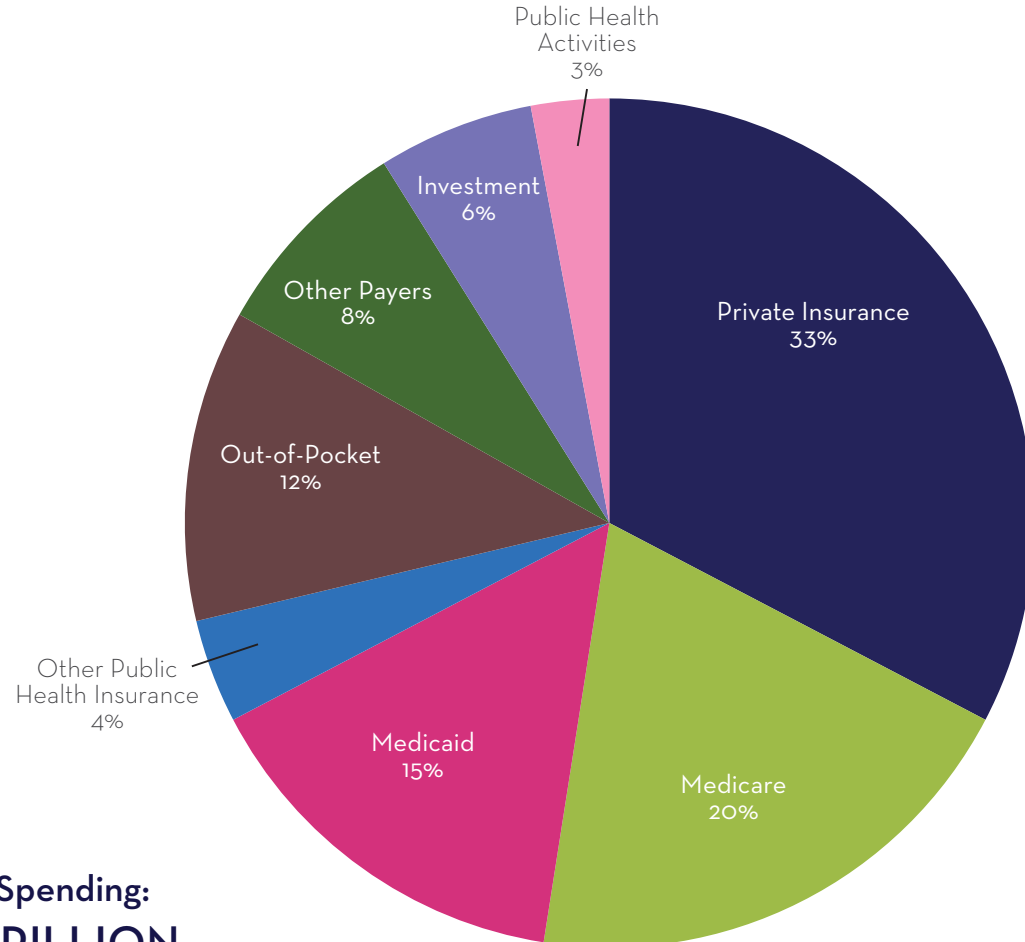


The major categories of health care spending are hospital care, physician and clinical services, and prescription drugs, which made up 61 percent of total health spending in 2012.⁴¹

SOURCE: Centers for Medicare and Medicaid Services, *National Health Expenditures*, 2014 release. Available at: www.cms.gov. As found in *California Health Care Almanac, Health Care Costs 101: Slow Growth Persists*, July 2014.

HEALTH SPENDING DISTRIBUTION, BY PAYER

U.S., 2012



**Total Spending:
\$2.8 TRILLION**

NOTE: The funding of Medicaid spending differed in 2012 (56% federal/44% state compared to 2011: 61% federal/39% state). Health spending refers to National Health Expenditures. Figures may not sum due to rounding.

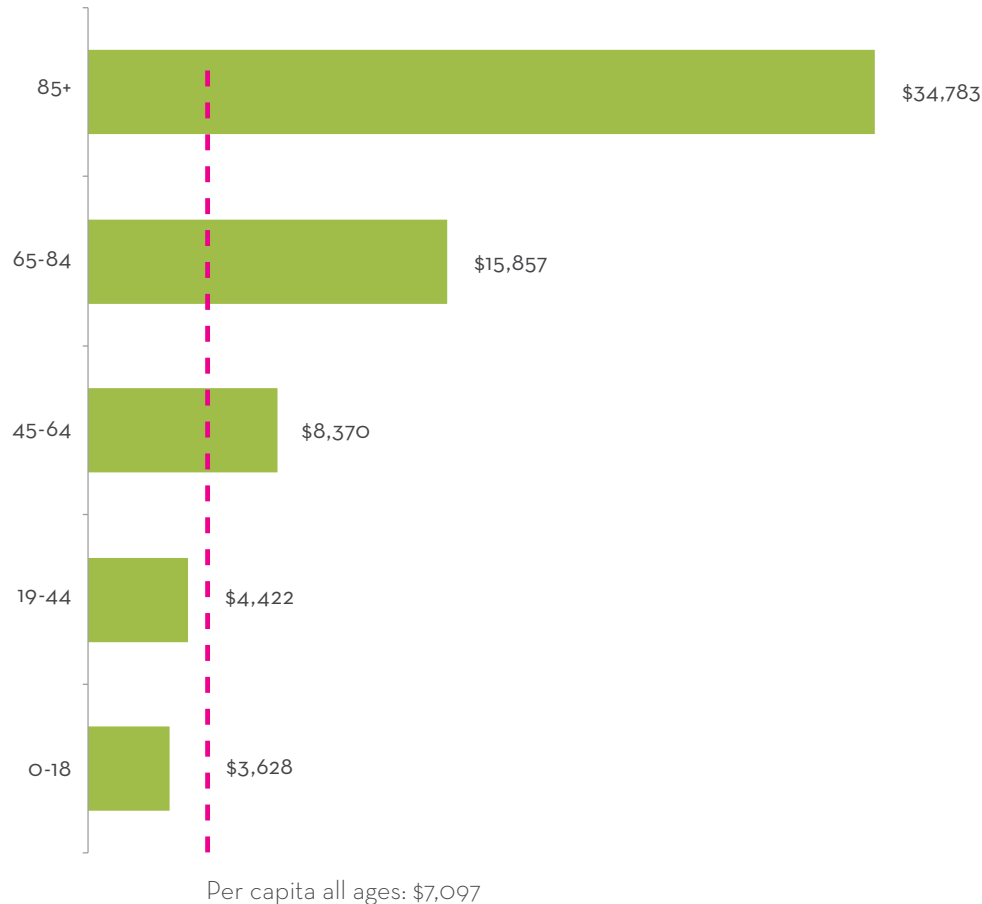
SOURCE: Centers for Medicare and Medicaid Services (CMS), *National Health Expenditures, 2014 release*. Available at: www.cms.gov. Accessed on August 20, 2014. As found in the *California Healthcare Almanac, Healthcare Costs 101: Slow Growth Persists*.

COST

Public insurance (primarily Medicare and Medicaid) paid 39 percent of all health care costs in 2012, which totalled \$2.8 trillion. Private insurers paid another 33 percent, while out-of-pocket spending by consumers comprised 12 percent.⁴¹

COST

PER CAPITA PERSONAL HEALTHCARE SPENDING BY AGE U.S., 2010



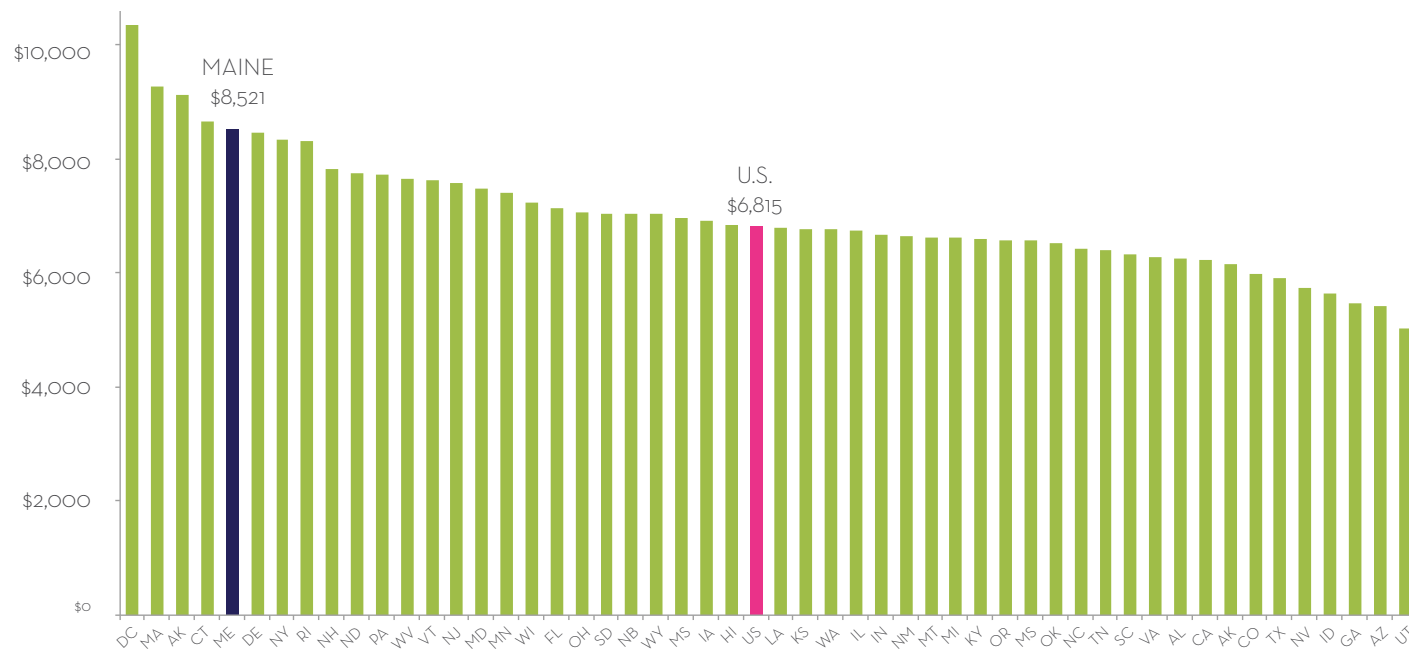
Per capita spending on healthcare increases with age. Per capita spending among those aged 65-84 was \$15,857 in 2010, more than twice the \$7,079 average per capita spending for all ages. Those 85 and older had even higher per capita costs of \$34,783, nearly five times the average for all ages. Although they comprised only 13 percent of the total population, those 65 and older made up one third of healthcare spending in 2010.⁴¹

NOTE: Personal healthcare spending excludes net cost of health insurance, government administration, public health activities, and investment.

SOURCE: Centers for Medicaid and Medicare, National Health Expenditures, 2014 release, by age and gender. Available at: www.cms.gov. As found in the California Healthcare Almanac, Healthcare Costs 101: Slow Growth Persists.

COST

PER CAPITA HEALTHCARE EXPENDITURES BY STATE U.S., 2009



NOTE: Health Care Expenditures measure spending for all privately and publicly funded personal health care services and products (hospital care, physician services, nursing home care, prescription drugs, etc.) by state of residence. Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration research, and construction expenses are not included in this total.

SOURCE: Source: Centers for Medicare & Medicaid Services (2011). Health Expenditures by State of Residence. Available at: <http://www.cms.gov/NationalHealthExpendData/downloads/resident-state-estimates.zip> as found in Kaiser Family Foundation, Health Care Expenditures per Capita by State of Residence at <http://kff.org/other/state-indicator/health-spending-per-capita/>.

In 2009 (the most recent year available), Maine's per capita healthcare expenditures totaled \$8,521, the 5th highest in the nation behind Washington DC, Massachusetts, Alaska, and Connecticut. The national average in 2009 was \$6,815 per capita.

COST

AVERAGE EMPLOYER-BASED FAMILY INSURANCE PREMIUMS Top 15 States, 2013



In 2013, family premiums for those employed at private sector establishments in Maine totaled \$16,332, the 14th highest in the nation. The U.S. average that year was \$16,029.⁴²

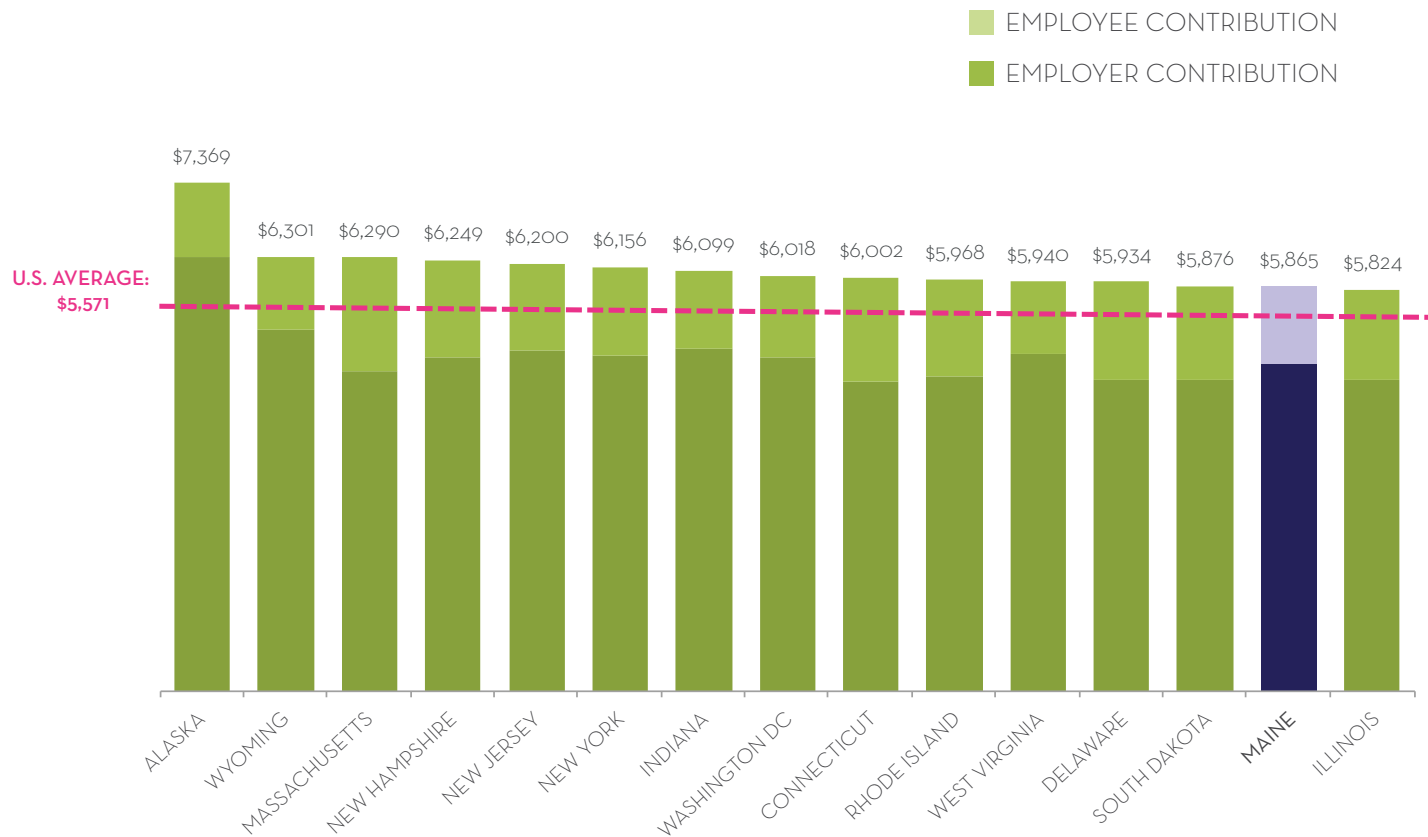
NOTE: Per enrollee at private-sector establishments that offer health insurance.

SOURCE: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2013, Tables II.D.1 and II.D.2.

COST

AVERAGE EMPLOYER-BASED INDIVIDUAL INSURANCE PREMIUMS

Top 15 States, 2013



In 2013, individual premiums for those employed at private sector establishments in Maine totaled \$5,865 the 14th highest in the nation. The U.S. average that year was \$5,571.⁴²

NOTE: Per enrollee at private-sector establishments that offer health insurance.

SOURCE: Center for Financing, Access, and Cost Trends, AHRQ, Insurance Component of the Medical Expenditure Panel Survey, 2013, Tables II.C.1 and II.C.2.

MAINE HOSPITALS, UNCOMPENSATED CARE

Maine, 2008-2012



COST

In 2012, uncompensated care at Maine hospitals totaled \$464 million, made up of \$236 million in bad debt and \$227 in charity care. Since 2008, total uncompensated care has increased by \$183 million.

NOTE: Years are fiscal years. Data includes Acadia Hospital, Spring Harbor Hospital, and New England Rehabilitation Hospital. Data for Stephens Memorial Hospital not available or not applicable. 2012 charity care data for New England Rehabilitation Hospital not available or not applicable.

SOURCE: *Maine Health Data Organization, 2008-2013 Select Financial Information by Data Element/Ratio: Hospital Financial Information Part I.* Available at: https://mhd.o.maine.gov/_pdf/ReportI_2012_Final.pdf. Accessed on September 24, 2014.

TOTAL COST INDEX BY COUNTY

Maine, 2012



NOTE: This chart presents information on a slice of the commercially insured population in Maine. It reflects risk-adjusted data for claims incurred for Calendar Year January 2012- December 2012 as reflected in claims data submitted to the MHDO by commercial payers who offer full medical coverage in Maine. Only patients aged 18-64 who received care from a PCP in 2012 and could thereby be attributed to that PCP's panel are included. Patients included must have at least 9 months of eligibility within the reporting year. Only practices with more than 200 attributed patients are included in these aggregate numbers. County information reflects the county of the practice site, and there will be some sampling variation across counties.

SOURCE: Data sourced from MHDO All Payer Claims Database.

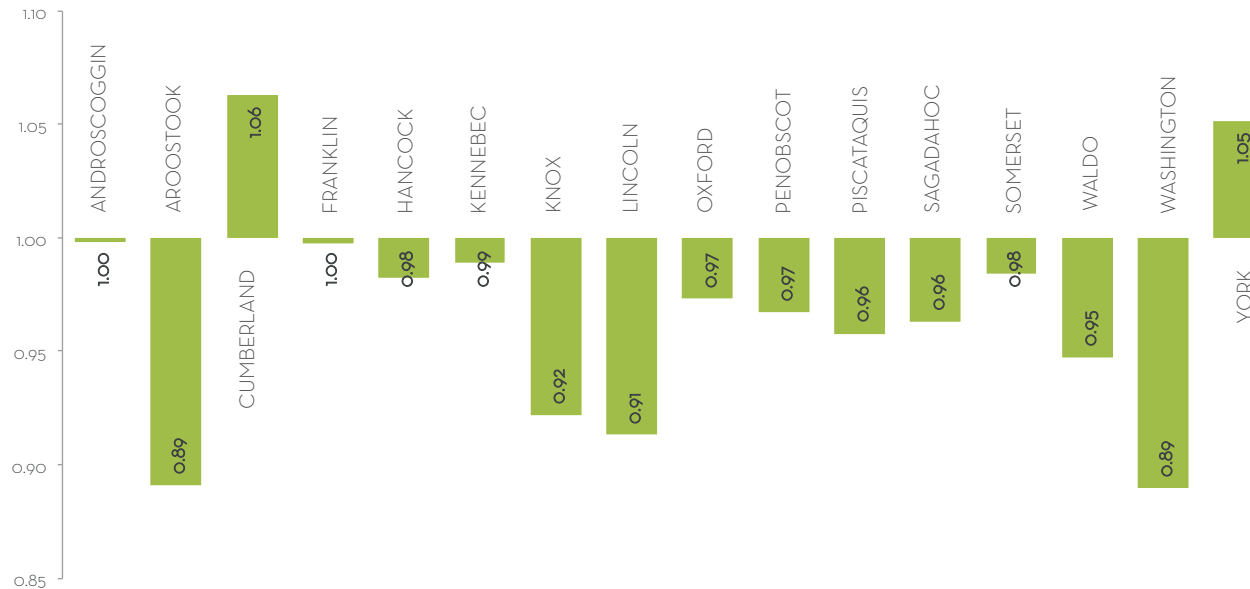
COST

The Total Cost Index (TCI) is a risk-adjusted measurement of the total amount of reimbursement paid to providers for all care provided to an attributed patient panel during the reporting year, compared to a state-wide benchmark. By assigning a value of 1 to the Maine average, TCI provides an easy comparison of costs above or below this average, which vary by county across the state. For example, in 2012, costs in Hancock county were, on average, 8.4% higher than the statewide average, compared to Knox county, where costs were 9.7% lower.

For more information on the Total Cost of Care methodology, see <http://www.healthpartners.com/public/tcoc/>

RESOURCE UTILIZATION INDEX BY COUNTY

Maine, 2012



NOTE: This chart presents information on a slice of the commercially insured population in Maine. It reflects risk-adjusted data for claims incurred for Calendar Year January 2012- December 2012 as reflected in claims data submitted to the MHDO by commercial payers who offer full medical coverage in Maine. Only patients aged 18-64 who received care from a PCP in 2012 and could thereby be attributed to that PCP's panel are included. Patients included must have at least 9 months of eligibility within the reporting year. Only practices with more than 200 attributed patients are included in these aggregate numbers. County information reflects the county of the practice site, and there will be some sampling variation across counties.

SOURCE: Data sourced from MHDO All Payer Claims Database.

COST

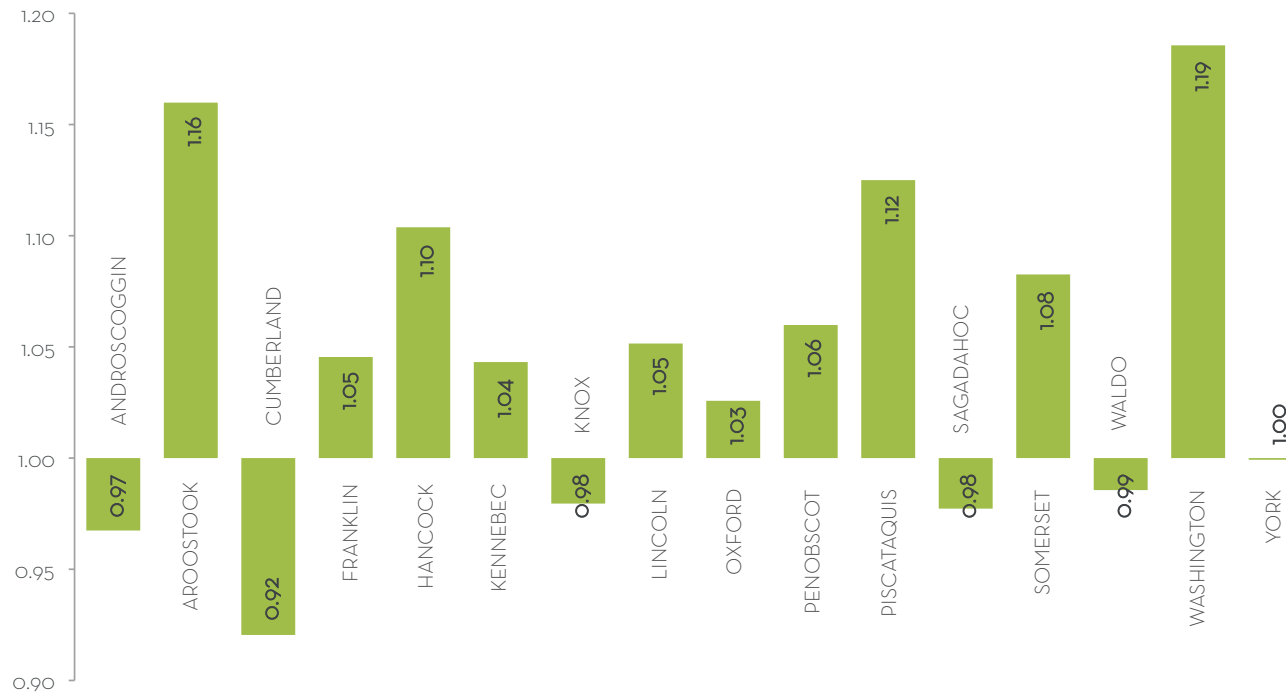
The Total Care Relative Resource Use Index (RUI) reflects the amount of healthcare delivered to each practice's attributed panel during the reporting period, relative to the benchmark. It is not based on actual reimbursement amount, but instead uses a standard amount for each service, to provide a comparison, independent of price, of efficiency of resource use in treating like conditions across providers and care settings. In Maine, the populations in Cumberland and York counties demonstrate an RUI 5-6% above the statewide average, while all other counties are close to or below the average.

For more information on this methodology, see <http://www.healthpartners.com/public/tcoc/>

COST

PRICE INDEX BY COUNTY

Maine, 2012



NOTE: This chart presents information on a slice of the commercially insured population in Maine. It reflects risk-adjusted data for claims incurred for Calendar Year January 2012- December 2012 as reflected in claims data submitted to the MHDO by commercial payers who offer full medical coverage in Maine. Only patients aged 18-64 who received care from a PCP in 2012 and could thereby be attributed to that PCP's panel are included. Patients included must have at least 9 months of eligibility within the reporting year. Only practices with more than 200 attributed patients are included in these aggregate numbers. County information reflects the county of the practice site, and there will be some sampling variation across counties.

SOURCE: Data sourced from MHDO All Payer Claims Database.

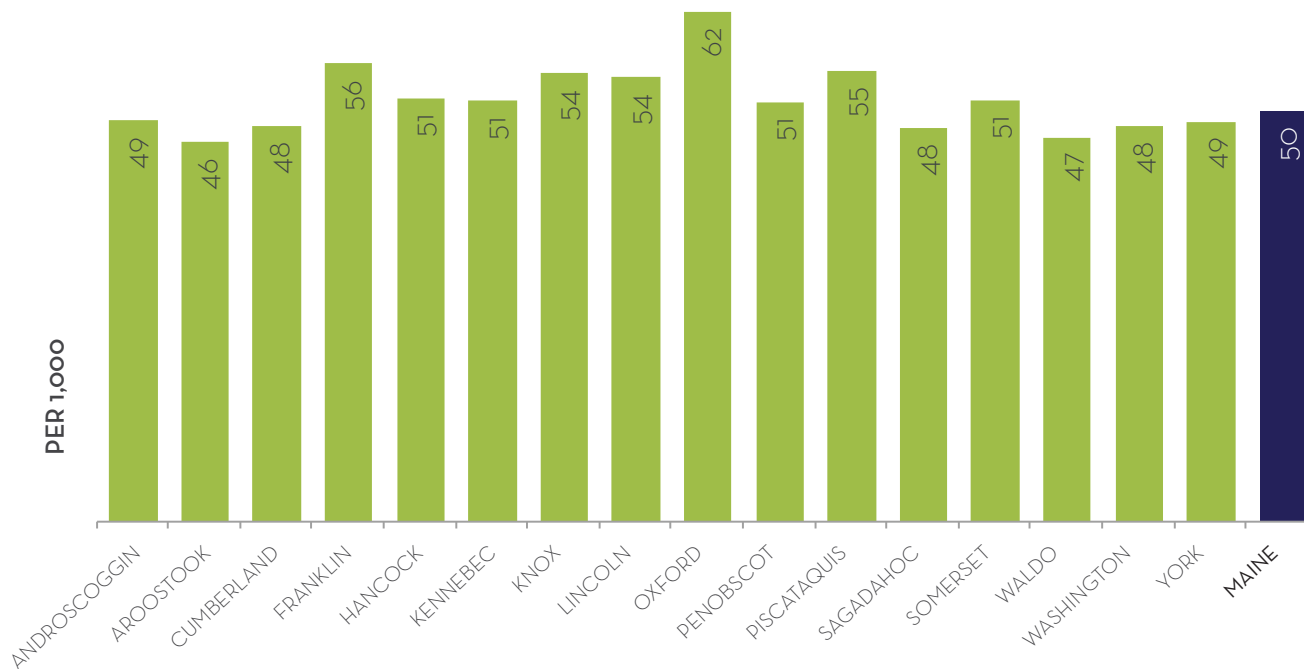
Because the RUI is measured independent of price, dividing TCI by RUI yields a Price Index (PI), which measures the relative price of services managed in each county compared to the statewide average. For example, for Aroostook county, the higher than average TCI divided by the lower than average RUI demonstrates that prices in Aroostook are 16% higher than the state-wide average. In contrast, the opposite pattern in Cumberland county reflects prices nearly 9% lower than the average across the state.

For more information on this methodology, see <http://www.healthpartners.com/public/tcoc/>

COST

ADMISSIONS BY COUNTY

Maine, 2012



In 2012, Oxford county showed the highest rate in the state for all patient admissions in this commercially-insured population. Aroostook and Waldo counties were the lowest in the state, nearly four points lower than the average across Maine.

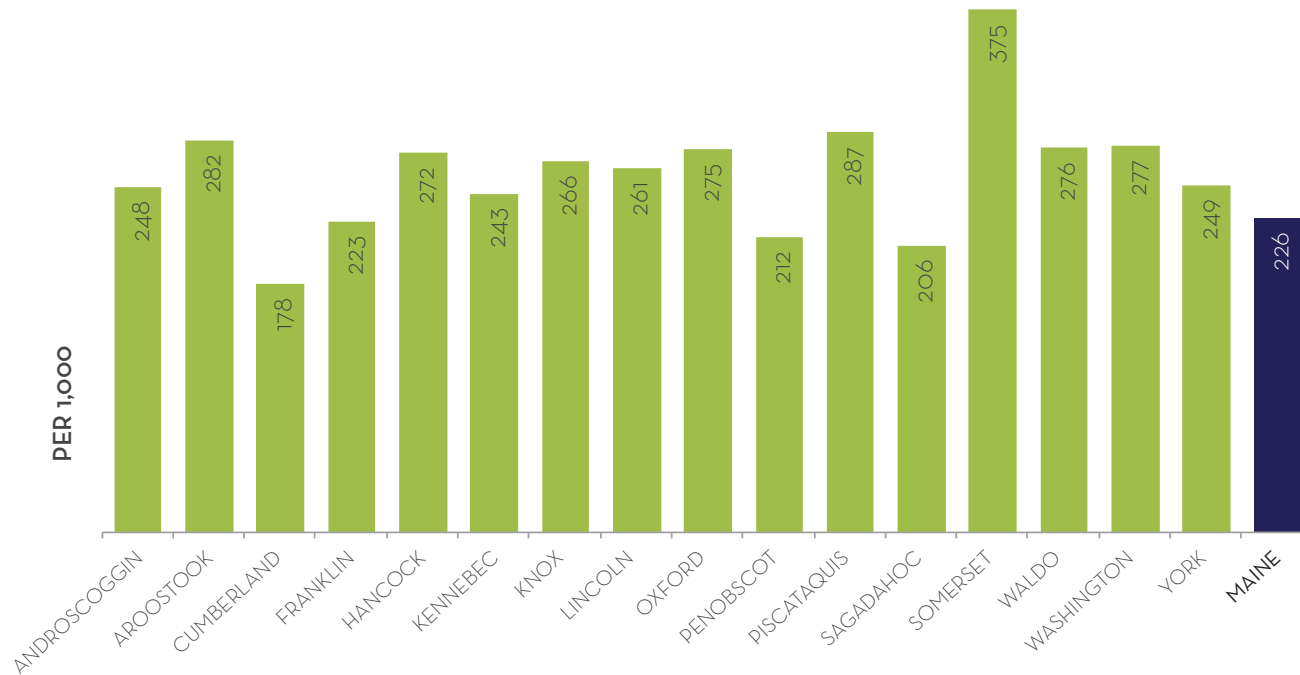
NOTE: This chart presents information on a slice of the commercially insured population in Maine. It reflects risk-adjusted data for claims incurred for Calendar Year January 2012- December 2012 as reflected in claims data submitted to the MHDO by commercial payers who offer full medical coverage in Maine. Only patients aged 18-64 who received care from a PCP in 2012 and could thereby be attributed to that PCP's panel are included. Patients included must have at least 9 months of eligibility within the reporting year. Only practices with more than 200 attributed patients are included in these aggregate numbers. County information reflects the county of the practice site, and there will be some sampling variation across counties.

SOURCE: Data sourced from MHDO All Payer Claims Database.

COST

EMERGENCY DEPARTMENT VISITS BY COUNTY

Maine, 2012



Emergency Department visits display a broad range of rates across Maine, with a statewide average of 225.8 visits per 1,000 patients. In 2012, this slice of commercially attributed patients reflected a low of 178 visits per 1,000 patients in Cumberland county, compared to a high of 374.6 visits per 1,000 in Somerset.

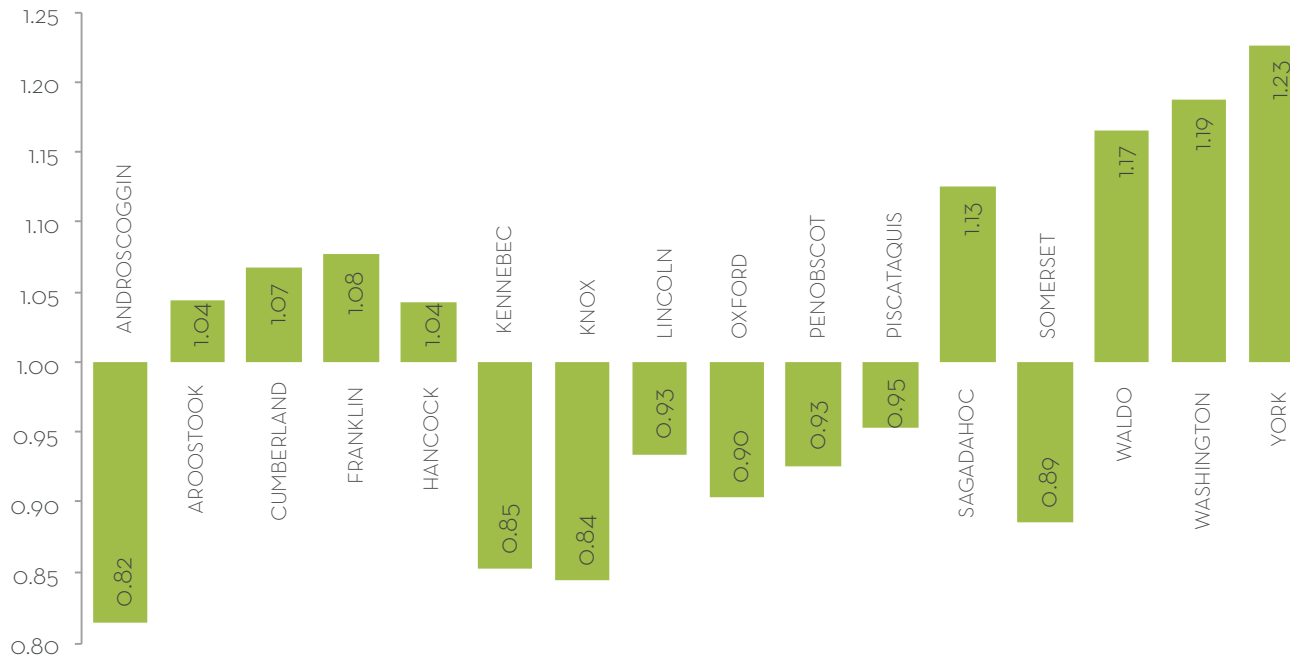
NOTE: This chart presents information on a slice of the commercially insured population in Maine. It reflects risk-adjusted data for claims incurred for Calendar Year January 2012- December 2012 as reflected in claims data submitted to the MHDO by commercial payers who offer full medical coverage in Maine. Only patients aged 18-64 who received care from a PCP in 2012 and could thereby be attributed to that PCP's panel are included. Patients included must have at least 9 months of eligibility within the reporting year. Only practices with more than 200 attributed patients are included in these aggregate numbers. County information reflects the county of the practice site, and there will be some sampling variation across counties.

SOURCE: Data sourced from MHDO All Payer Claims Database.

COST

MRI TOTAL COST INDEX BY COUNTY

Maine, 2012



By applying the same Total Cost of Care methodology, we are able to drill down to specific services to compare their relative cost across the state. Again, the Maine average for this population is indexed to 1, with values above or below 1 showing the percentage difference in costs for all MRIs in 2012. Rates vary from 22.7% above the state average in York, while Androscoggin county is 19.5% below the stage average for total costs.

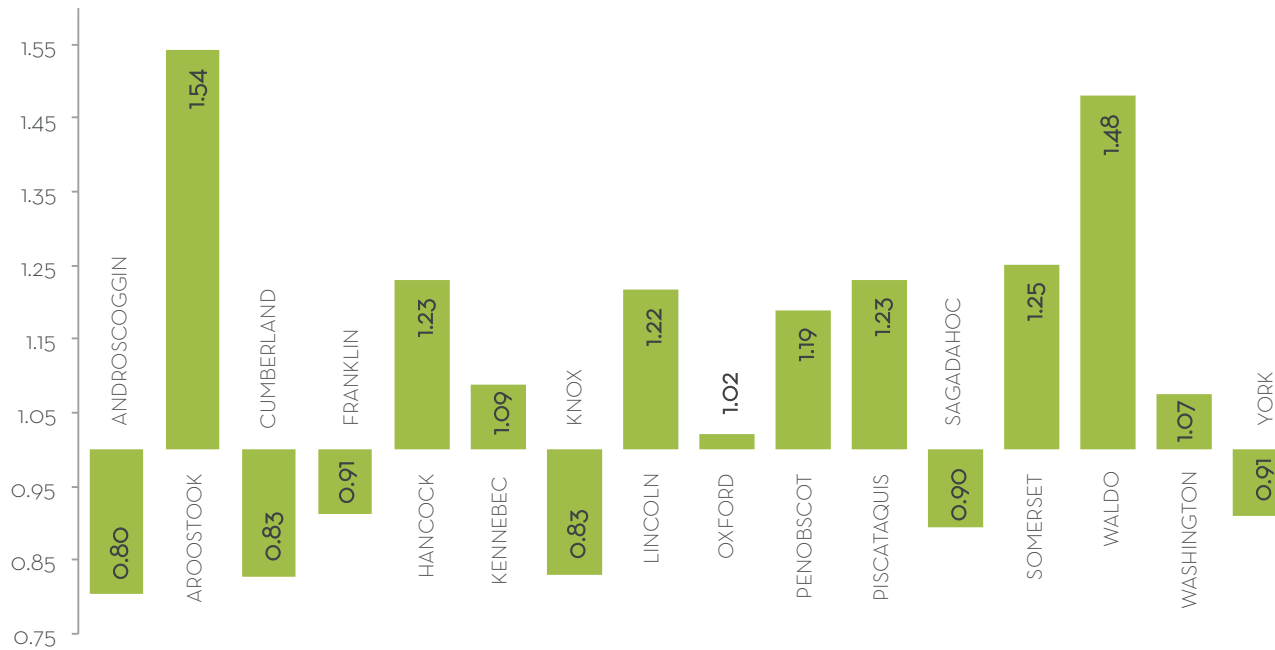
NOTE: This chart presents information on a slice of the commercially insured population in Maine. It reflects risk-adjusted data for claims incurred for Calendar Year January 2012- December 2012 as reflected in claims data submitted to the MHDO by commercial payers who offer full medical coverage in Maine. Only patients aged 18-64 who received care from a PCP in 2012 and could thereby be attributed to that PCP's panel are included. Patients included must have at least 9 months of eligibility within the reporting year. Only practices with more than 200 attributed patients are included in these aggregate numbers. County information reflects the county of the practice site, and there will be some sampling variation across counties.

SOURCE: Data sourced from MHDO All Payer Claims Database.

COST

CT SCANS TOTAL COST INDEX BY COUNTY

Maine, 2012



NOTE: This chart presents information on a slice of the commercially insured population in Maine. It reflects risk-adjusted data for claims incurred for Calendar Year January 2012- December 2012 as reflected in claims data submitted to the MHDO by commercial payers who offer full medical coverage in Maine. Only patients aged 18-64 who received care from a PCP in 2012 and could thereby be attributed to that PCP's panel are included. Patients included must have at least 9 months of eligibility within the reporting year. Only practices with more than 200 attributed patients are included in these aggregate numbers. County information reflects the county of the practice site, and there will be some sampling variation across counties.

SOURCE: Data sourced from MHDO All Payer Claims Database.

The same population is compared to demonstrate relative costs for all CT scans in the state for 2012. Aroostook shows a TCI for CT scans well above the state average, while Androscoggin county shows the lowest rate, 20% below the state average.

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- ¹⁵ Maine Center for Disease Control and Prevention, State Health Assessment-2012, Topic: Cardiovascular Health-updated data as of 2013. Available at: <http://www.maine.gov/dhhs/mecdc/phdata/sha/sha-details.shtml?cvh>. Accessed on September 28, 2014.
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Healthcare System Transformation
A Collaborative Partnership led by Maine DHHS

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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