

# Measuring Our Vision: January 2026

How well is MaineHealth  
achieving its vision?

MaineHealth Center for Health Improvement  
Surveillance, Evaluation, and Assessment



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**Surveillance, Evaluation, & Assessment**

### Resources Updated Since Last Release

1. BRFSS 2023 County Data (12/2025)
2. America's Health Ranking 2025 Women & Children Report (12/2025)
3. America's Health Ranking 2025 Annual Report (1/2026)
4. Maine Integrated Youth Health Survey 2025 Survey Results (11/2025)
5. County Health Rankings Supplemental Data Release (11/2025)

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Content has been updated since the last release

## Preamble

What does the Measuring Our Vision Report tell us about MaineHealth's progress toward achieving our vision of working together so our communities are the healthiest in America? The data show us that counties within the MaineHealth Service Area (MHSA) are challenged with underlying social and economic factors that hold us back from achieving our vision:

- For instance, high **rurality** and **poverty** as well as barriers to improving the **social drivers of health**, such as food security, transportation, and housing, serve as an undertow.
- These factors are in turn associated with high rates of unhealthy risks and behaviors, including **self-reported mentally unhealthy days, substance misuse, tobacco addiction, and physical inactivity**.
- These in turn can contribute to high rates of **depression, cancer, chronic respiratory diseases, multiple chronic conditions, suicides, and overdose deaths**.

However, the data also show several successes that exemplify our vision. For instance:

- Maine's low rate of preventable hospital stays reflects widespread access to high-quality primary healthcare, which improves quality of life for patients receiving care in the community while reducing healthcare costs.
- Low rates of teen births, within Maine, and sexually transmitted infections, within the MaineHealth Service Area, are the result of several decades of intentional and strategic partnerships among healthcare partners including family planning, youth, parents, schools, and policymakers, and collaboration on a wide range of strategies.
- High colorectal cancer screening rates within Maine are an example of healthcare and community partners working together to educate and screen patients.
- The rate of adults smoking regularly has decreased significantly in Maine over the past 10 years, and in 2024 Maine had the largest percentage of adults who are former smokers in the U.S. There have also been decreases in high school smoking rates of over 80% from 1997 to 2023. These data demonstrate the effective multi-sector approach used across Maine for decades to both prevent youth from initiating smoking and helping those dependent on tobacco to quit.
- Let's Go! and its many partners statewide have helped to influence healthy eating behaviors in our youth, which in turn will help reduce the burden of obesity in Maine's communities. From 2022-2023, Maine had the 2nd lowest rate, nationally, of children ages 1-5 who had 1+ sugar-sweetened beverages in the preceding week, and the 2nd lowest rates of young children who eat fruit and vegetables less than daily, respectively.
- Maine is 1 of only 12 states in the U.S. that implement all 4 recommended climate change policies and 1 of 28 states that have 100% of their population covered by non-smoking regulations. This shows the impact of healthcare and other partners working with policymakers. MaineHealth has a long history of advocating for public health policies.

These successes also hold some insights about how we as a health system can address our challenges and achieve our vision of ***Working together so our communities are the healthiest in America***.

# Executive Summary

MaineHealth has a bold vision of ***Working together so our communities are the healthiest in America***. Health is broadly defined using the World Health Organization's definition: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Thus, to improve the health of the communities we serve, MaineHealth implements a multi-pronged approach: i) **clinical care** improvement strategies; ii) **community-based engagement** initiatives to increase healthy behaviors and help people access clinical care and social services; and iii) advocacy efforts to improve **health-related policies** at the local, state, and federal levels.

MaineHealth currently monitors progress toward achieving this vision by using established frameworks and indices, primarily the County Health Rankings and America's Health Rankings data and reports. Both ranking systems consider social and economic factors and the physical environment, which have been shown to have a larger impact on individuals' health outcomes than clinical care interventions do alone.

The Measuring Our Vision Report uses the County Health Rankings model (pg. 4) to compare the health data for the twelve-county MaineHealth Service Area, as a region, to states within the U.S. In addition, given the large impact of social and economic factors on health and that there is variation in these factors across the twelve counties within the MaineHealth Service Area, each county's health outcomes are compared to 33-35 peer counties throughout the United States. MaineHealth Service Area counties are also compared to their peers on measures related to health behaviors (pg. 13). This allows us to assess health status in each county within the MaineHealth Service Area compared to other counties where the demographic, social and economic factors are similar. This approach ensures that the impact of these factors should be similar across peer county groups (without clinical, community or health-policy interventions taking place). The nineteen measures used to identify cohorts of peer counties are included as well as details about Maine counties' peers (pg. 5).

The following pages provide resources from other frameworks and reports that can be used to assess MaineHealth's progress toward achieving our vision. Some examples include:

- Leading causes of death and premature death in the MaineHealth Service Area and Maine (pg. 19).
- Highlights of Maine's strengths and challenges identified by national data sources including Americas Health Rankings, Kids Count, and Measures of Growth (pg. 25).
- Health Index Report Cards that provide county-level data on MaineHealth's priority health areas (pgs. 35-47). Of note, these report cards present data about changes in rates over time, i.e. trends, providing an important lens for assessing the impact of strategies implemented by MaineHealth. For example, while the rate of cancer deaths in the MaineHealth Service Area is significantly higher than the U.S. overall rate, the MaineHealth Service Area rate has decreased significantly in recent years. Meanwhile, the rates of drug overdose deaths and suicides in the MaineHealth Service Area have increased significantly in recent years.

## **Maine Shared Community Health Needs Assessment 2025 Priorities Identified for MaineHealth Hospitals via Maine Shared CHNA process**

The Maine Shared Community Health Needs Assessment (CHNA) is a public-private collaborative between Central Maine Healthcare (CMHC), Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), the Maine Center for Disease Control and Prevention (Maine CDC), and the Maine Community Action Partnership (MeCAP). The mission of the Maine Shared CHNA is to:

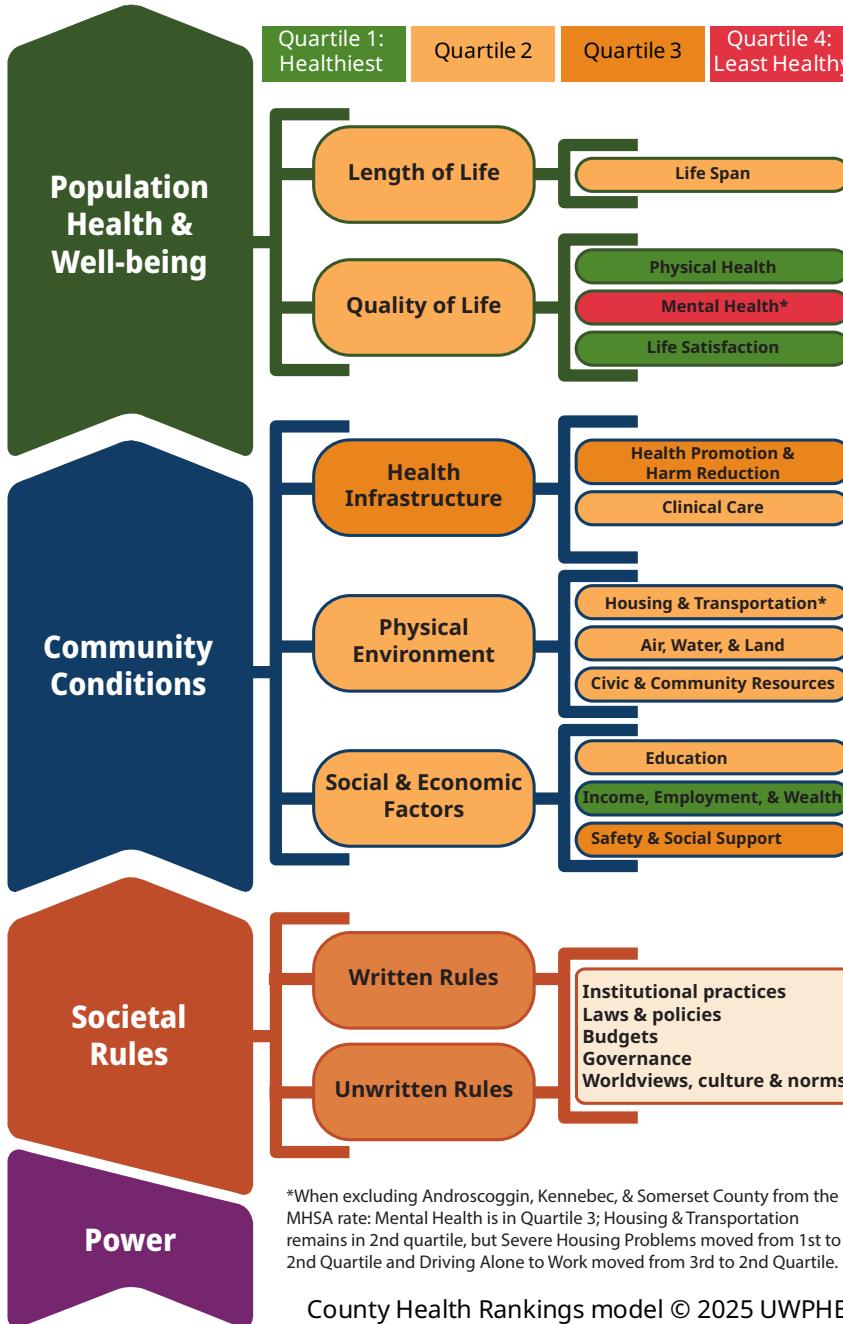
- Create shared CHNA reports,
- Engage and activate communities, and
- Support data-driven improvements in health and well-being for all people living in Maine

In the 2025 assessment cycle, the Maine Shared CHNA continued its collection and analysis of quantitative and qualitative data covering community conditions and social drivers of health, protective and risk factors, and health conditions and outcomes at the urban, county, state, and national level. The quantitative data profiles produced this cycle provide more than 250 health and well-being indicators that come from more than 30 sources and represent the most recent information available and analyzed as of November 2024. This cycle saw expanded efforts to engage communities across Maine, conducting statewide focus groups with specific populations, county level focus groups, key informant interviews, and a statewide community survey. Both the quantitative and qualitative data were used to inform a health and well-being prioritization process held with stakeholders at 10 forums in the nine counties where a MaineHealth hospital is located- one in each county and two in Cumberland County.

Then, leaders in MaineHealth's Center for Health Improvement reviewed the priorities identified at the 10 forums and came up with five system-wide priorities for MaineHealth hospitals to use in developing Community Health Implementation plans. These five priorities are:

- 1. Social Drivers of Health** (identified as a priority in 10/10 forums)
- 2. Health Eating/Active Living** (identified as a priority in 04/10 forums)
- 3. Mental Health** (identified as a priority in 10/10 forums)
- 4. Substance Use** (identified as a priority in 10/10 forums)
- 5. Chronic Disease** (identified as a priority in 09/10 forums)

## Heat Map of the MaineHealth Service Area Ranks compared to states within the U.S. Heat Map applied to County Health Rankings model



## MaineHealth Service Area vs. U.S. States

We used County Health Rankings data to assess how the health factors and health outcomes in the MaineHealth Service Area compared to other U.S. states. Detailed results are provided later in this report.

- The least healthy rankings for the Maine Health Service Area, compared to other states, were for **Health Infrastructure** – particularly for access to exercise opportunities (4th quartile) and the ratio of dentists to the population (4th). The percentage of Fee-for-service Medicare enrollees who received an annual flu vaccination, the ratio of mental health providers to the population and the percentage of individuals under 65 without health insurance was also heightened (3rd).
- Related to **Physical Environment**, the Maine Health Service Area ranked positively on average daily density of particulate matter in the air (1st quartile) and households with at least 1 of 4 severe problems (1st) but had health-related drinking water violations.
- The MaineHealth Service Area ranked in the 1st (healthiest) or 2nd quartiles for multiple **Social and Economic Factors** measures, except for adults ages 25-44 with some post-secondary education (3rd quartile) under education, and injury deaths (4th), social associations (3rd) and child care cost burden (3rd) under safety & social support.
- Examining **Population Health & Well-being** measures,
  - In relation to **Length of Life**, the median premature mortality rate of the MaineHealth Service Area was similar to the U.S. overall rate (2nd quartile).
  - Related to **Quality of Life**, the MaineHealth Service Area ranked better on the rate of live births with low birth weight (1st quartile) and life satisfaction (1st quartile) than poor mental health days (4th quartile) among states.

### Two Important Caveats:

- COVID-19: Most health data now include data from during the COVID-19 pandemic. We are still learning about its short-term and long-term impacts on health factors and outcomes.
- DISPARITIES: While this report uses geography to define “communities”, there are systemic barriers that prevent some communities from achieving their full health potential and contribute to inequities in care access and health outcomes. Providing patient-centered care means delivering care that is equitable and flexible; giving patients the care they need when they need it. MaineHealth is building upon existing health improvement work and building system-wide infrastructure that begins to address these barriers and is committed to becoming a trusted and reliable resource for all communities we serve.

## Counties in the MaineHealth Service Area vs. Peer Socioeconomic Status Counties from across the U.S.

Recognizing the substantial influence that social, economic, and physical environment factors have on individuals' health, and that these factors vary substantially across the twelve counties within the MHSA, below is an additional analysis of County Health Rankings data to assess how well MaineHealth is achieving its vision.

- For each of the 12 MaineHealth Service Area counties, five health outcomes are compared to rates in a group of "peer" counties from throughout the U.S. that had similar social, economic, and educational profiles, based on nineteen different indicators. Each of these measures carries more importance than specific disease rates for each county.
- Counties within the MaineHealth Service Area tended to have better health outcomes compared to their peer counties regarding fair or poor health and physically unhealthy days (many counties in the 1st or 2nd quartiles). Live births with low birthweight had the worst rankings, where five counties were in the 3rd and 4th quartiles. Premature mortality and mentally unhealthy days were also ranked lower (many counties in the 2nd and 3rd quartiles).
- Additionally, the MHSA ranked better for adults who currently smoke and adult obesity levels but worse in drug poisoning deaths and deaths due to suicide, with many counties in the 4th quartile.
- These findings suggest that MaineHealth's and other organizations' multi-pronged approach to improving community health may be having a positive impact, but there are still areas for improvement.
- More detailed tables and graphs for health outcomes and health behaviors can be found later in this report (pgs. 8-14).

Quartile of MaineHealth Service Area County's Rank Among Peer Counties (based on Social, Economic & Education Factors)					
1st Quartile Healthiest)	Premature Mortality: Years of Potential Life Lost before age 75; per 100,000 population (age-adjusted)	% Adults Reporting Fair or Poor Health (age-adjusted)	Avg. # Physically Unhealthy Days in past 30 days (age-adjusted)	Avg. # Mentally Unhealthy Days in past 30 days (age-adjusted)	Percentage of Live Births with Low Birthweight (< 2,500 grams)
MaineHealth Service Area					
Cumberland	2	1	1	2	2
Franklin	3	1	1	1	4
Knox	2	1	1	2	2
Lincoln	1	1	1	1	4
Oxford	1	1	1	2	3
Sagadahoc	1	1	1	2	1
Waldo	3	2	1	2	3
York	1	1	1	2	1
Carroll, NH	1	1	1	1	1
MaineHealth Affiliates					
Androscoggin	2	1	1	2	3
Kennebec	2	1	1	1	1
Somerset	2	1	1	3	2
Northern & Downeast ME					
Aroostook	2	1	2	1	1
Hancock	2	1	1	1	2
Penobscot	2	1	2	2	1
Piscataquis	1	1	1	1	1
Washington	3	1	1	2	2

Peer groups of U.S. counties were developed by Community Health Status Indicators based on 19 different metrics:

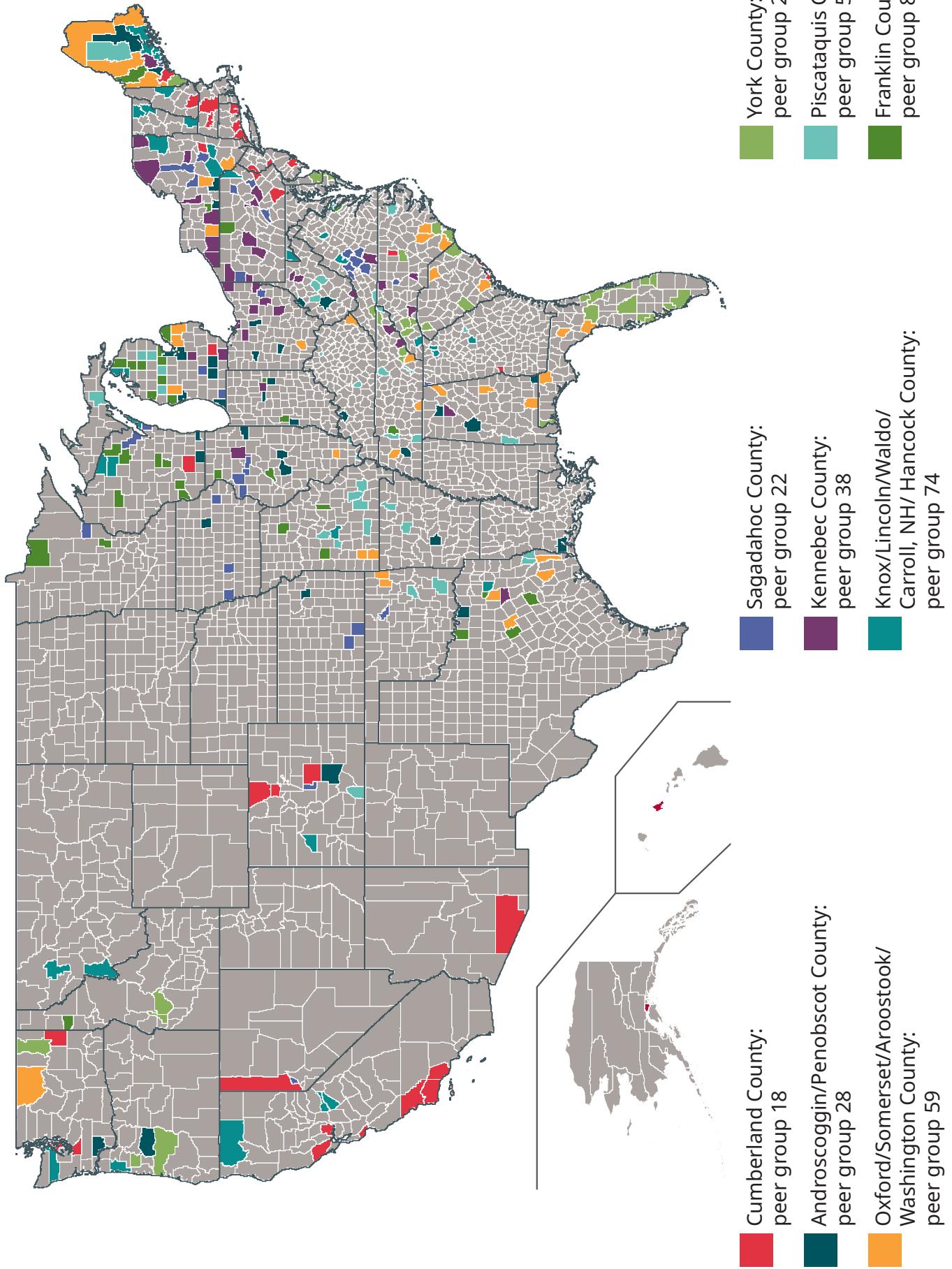
- Population size
- Population growth
- Population density
- Population mobility
- Percent children
- Percent foreign born
- Percent high school graduates
- Single parent households
- Median home value
- Housing stress
- Unemployment
- Median household income
- Receipt of government financial assistance
- Gini Index of income inequality
- Overall poverty
- Elderly poverty
- Percent elderly
- Percent owner-occupied housing units
- Sex Ratio

## States where Maine's peer counties are located

<b>Cumberland</b>	AK (1), AZ (1), CA (6), CO (3), <b>CT (3)</b> , GA (1), HI (1), <b>MA (2)</b> , MI (1), NV (1), <b>NH (1)</b> , NJ (3), NY (1), NC (1), PA (2), SC (1), WA (3), WI (1)
<b>Sagadahoc</b>	CO (1), GA (1), IL (4), IA (3), KS (2), MI (2), MN (1), NV (1), NY (3), NC (1), <b>OH (1)</b> , <b>OK (1)</b> , PA (4), VA (6), WI (2)
<b>York</b>	DE (1), FL (12), ID (2), MD (1), NC (6), OR (2), SC (3), <b>TN (3)</b> , TX (1), VA (1), WA (1)
<b>Androscoggin/ Penobscot</b>	<b>AL (3)</b> , <b>AR (1)</b> , CO (1), IL (3), <b>IN (3)</b> , IA (1), KS (1), <b>KY (1)</b> , LA (1), MI (6), NY (2), <b>OH (3)</b> , OR (1), <b>TN (1)</b> , TX (1), WA (1), <b>WV (2)</b> , WI (2)
<b>Kennebec</b>	<b>AL (1)</b> , IL (1), <b>IN (1)</b> , MI (2), NY (7), NC (3), <b>OH (7)</b> , PA (6), <b>TN (2)</b> , TX (1), VA (1), <b>WV (3)</b>
<b>Piscataquis</b>	<b>AL (1)</b> , <b>AR (2)</b> , CO (1), GA (1), IL (2), <b>KY (2)</b> , MI (5), <b>MO (6)</b> , NC (1), <b>OK (2)</b> , <b>TN (5)</b> , TX (2), VA (1), <b>WV (3)</b>
<b>Oxford; Somerset; Aroostook; Washington</b>	<b>AL (3)</b> , FL (3), IL (1), <b>KY (1)</b> , MI (3), <b>MO (2)</b> , NY (3), NC (3), OH (1), <b>OK (2)</b> , SC (2), <b>TN (3)</b> , TX (4), WA (1)
<b>Knox; Waldo; Lincoln; Carroll, NH; Hancock</b>	CA (3), CO (1), GA (3), MD (1), MI (2), <b>MO (1)</b> , MT (2), NY (3), NC (1), OR (1), PA (1), TX (1), <b>VT (3)</b> , VA (3), WA (1), WI (3)
<b>Franklin</b>	ID (1), IL (2), <b>IN (2)</b> , MI (9), MN (2), <b>MO (3)</b> , NY (1), PA (1), <b>TN (1)</b> , TX (4), VA (1), WI (7)

yellow = New England States    green = Appalachia region

# U.S counties in the same peer county groups as Maine



# MaineHealth Service Area (MHSA) Counties vs. Peer Counties: Socioeconomic Status

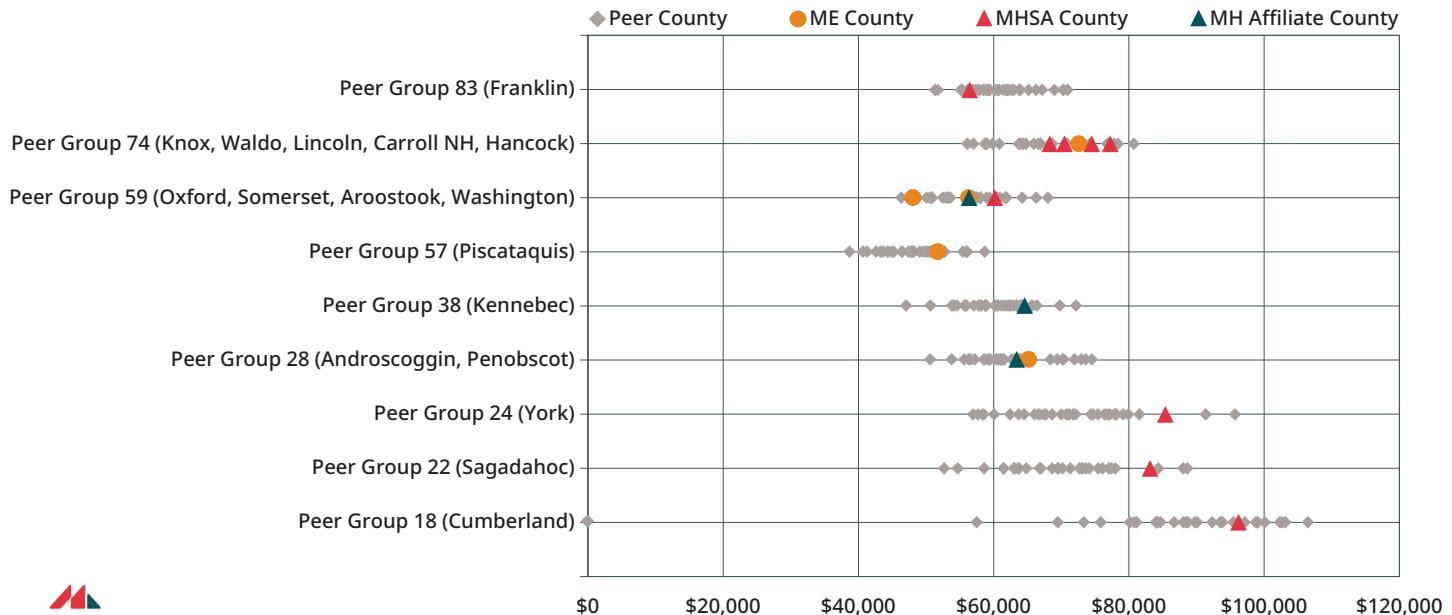
Peer County Information			Premature Mortality: Years of Potential Life Lost before age 75 per 100,000 population (age-adjusted)			% Adults reporting fair or poor health (age-adjusted)			Avg. # physically unhealthy days in past 30 days age-adjusted)			Avg. # mentally unhealthy days in past 30 days (age-adjusted)		
Maine (ME)/ MHSA County	# of Peer Counties	Peer Counties in ME/ MHSA	ME/MHSA County Rate	Peer Group	ME/MHSA County Rate	Peer Group	ME/MHSA County Rate	Peer Group	ME/MHSA County Rate	Peer Group	ME/MHSA County Rate	Peer Group	ME/MHSA County Rate	Peer Group
MaineHealth Service Area														
Cumberland	34	NONE	6,232	4,570-10,073	2	12.4%	10%-23%	1	3.4	3-5	1	5.3	4-6	2
Franklin	35	NONE	9,716	6,915-13,927	3	14.5%	14%-24%	1	4.0	3-6	1	5.6	5-7	1
Knox	35	Hancock, Lincoln, Waldo, Carroll	7,638	5,837-13,489	2	12.4%	12%-22%	1	3.6	3-6	1	5.4	4-7	2
Lincoln	35	Hancock, Knox, Waldo, Carroll	7,245	5,837-13,489	1	13.8%	12%-22%	1	3.8	3-6	1	5.4	4-7	1
Oxford	36	Aroostook, Somerset, Washington	9,428	8,270-17,987	1	17.7%	15%-29%	1	4.2	4-6	1	5.8	5-7	2
Sagadahoc	34	NONE	5,914	5,913-27,596	1	13.9%	12%-22%	1	3.8	3-5	1	5.6	4-7	2
Waldo	35	Hancock, Knox, Lincoln, Carroll	9,085	5,837-13,489	3	14.2%	12%-22%	2	3.7	3-6	1	5.5	4-7	2
York	34	NONE	7,331	6,465-12,795	1	12.8%	12%-24%	1	3.5	3-6	1	5.4	4-7	2
Carroll, NH	35	Hancock, Knox, Lincoln, Waldo	7,555	5,837-13,489	1	13.7%	12%-22%	1	3.5	3-6	1	5.2	4-7	1
<b>MaineHealth Affiliates</b>														
Androscoggin	36	Penobscot	10,327	7,992-14,979	2	14.6%	14%-24%	1	3.8	3-6	1	5.8	4-7	2
Kennebec	36	NONE	9,353	7,270-18,112	2	16.1%	14%-24%	1	3.9	3-6	1	5.6	5-8	1
Somerset	36	Aroostook, Oxford, Washington	10,675	8,270-17,987	2	17.5%	15%-29%	1	4.5	4-6	1	6.2	5-7	3
<b>Northern &amp; Downeast Maine</b>														
Aroostook	36	Oxford, Somerset, Washington	10,576	8,270-17,987	2	16.7%	15%-29%	1	4.5	4-6	2	5.6	5-7	1
Hancock	35	Knox, Lincoln, Waldo, Carroll	7,940	5,837-13,489	2	12.8%	12%-22%	1	3.6	3-6	1	5.3	4-7	1
Penobscot	36	Androscoggin	10,049	7,992-14,979	2	15.9%	14%-24%	1	4.4	3-6	2	5.9	4-7	2
Piscataquis	35	NONE	9,532	8,566-20,239	1	15.9%	15%-30%	1	4.2	4-7	1	5.6	5-8	1
Washington	36	Aroostook, Oxford, Somerset	13,437	8,270-17,987	3	17.3%	15%-29%	1	4.5	4-6	1	6.0	5-7	2

\*Graphs showing how counties in the MHSA (including affiliates) compare to their peers and other U.S. counties overall immediately follow this table

# County Health Rankings: Peer county SES factors

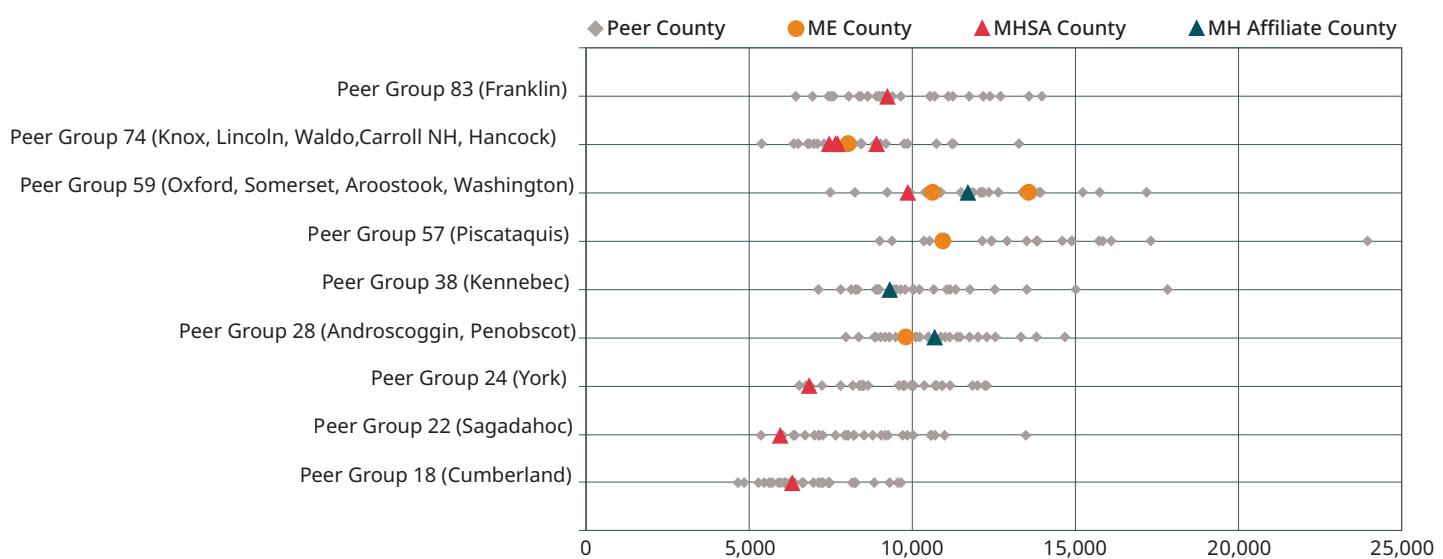
## Median Household Income; across peer counties in the U.S.

U.S. Census Small Area Income & Poverty Estimates (2023); American Community Survey, 5-year estimates (2019-2023)



# County Health Rankings: Health Outcome Measures

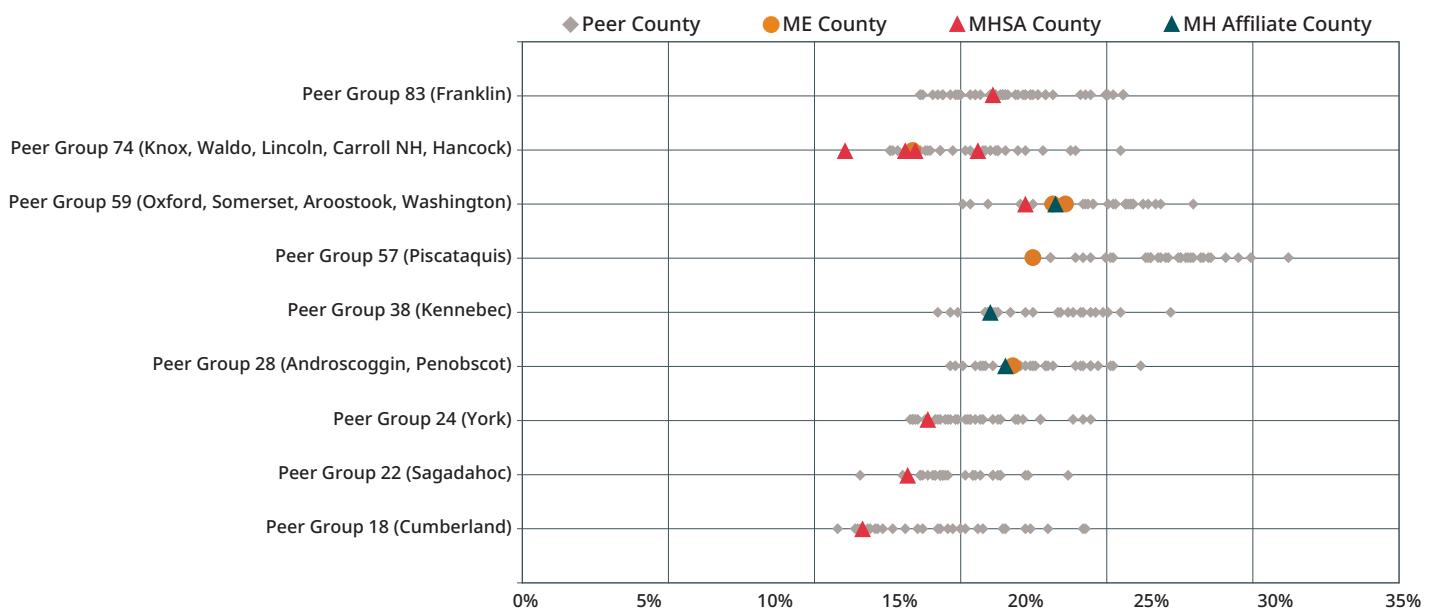
Years of potential life lost before age 75; age-adjusted rates per 100,000 population  
National Center for Health Statistics; Mortality Files (2021-2023)



Note: Kingman County, KS in Peer County 22 has been omitted, as it has a rate of 26,445

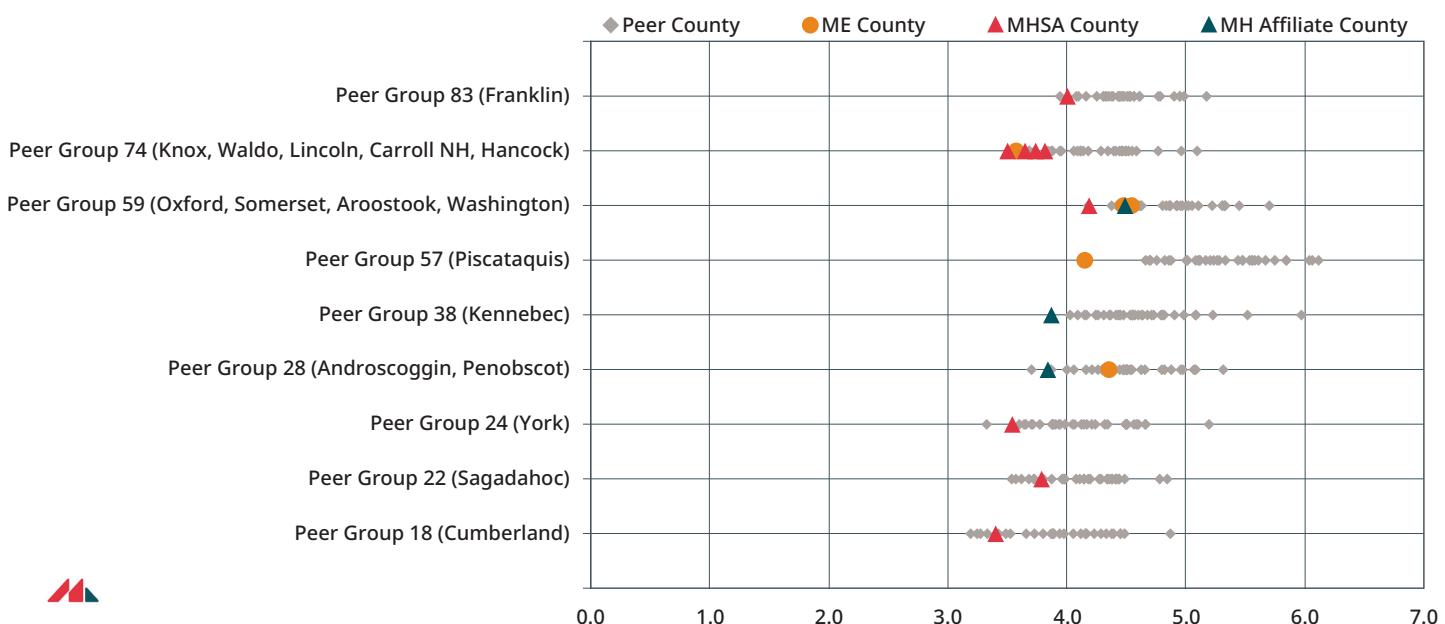
# County Health Rankings: Health Outcome Measures

**% of 18+-year-olds reporting fair or poor health; age-adjusted rates**  
Behavioral Risk Factor Surveillance System (2023)



# County Health Rankings: Health Outcome Measures

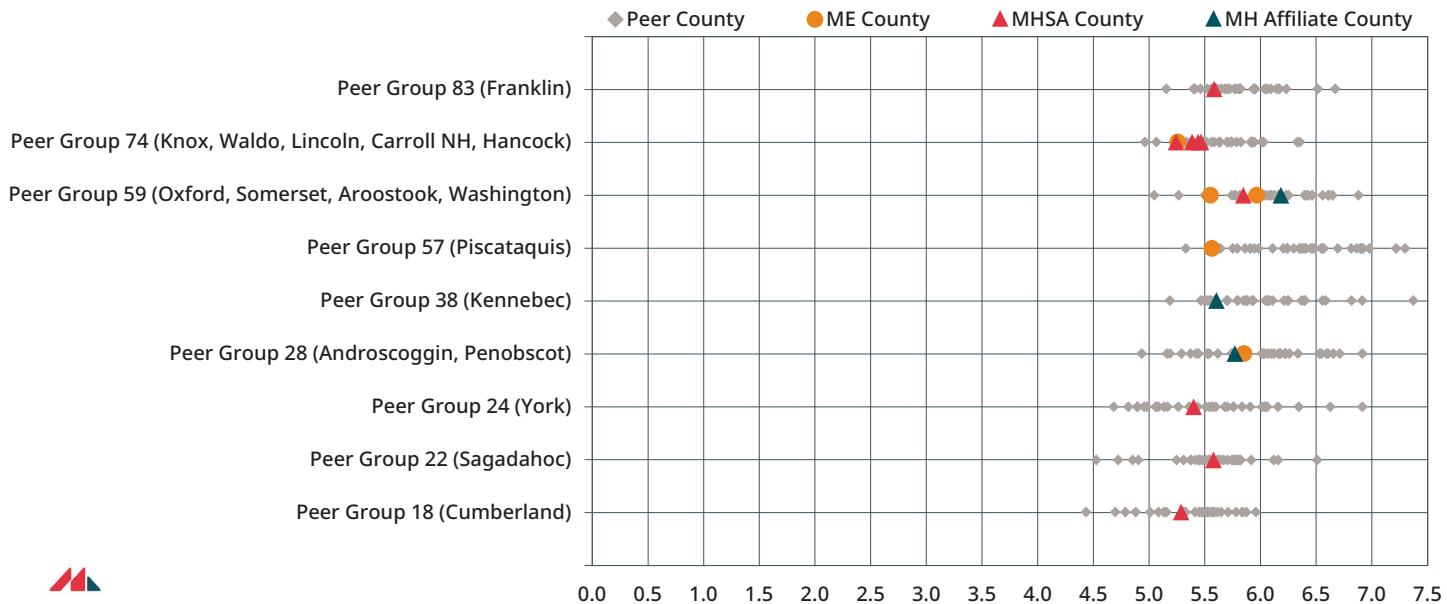
**Avg # of physically unhealthy days reported in past 30 days; age-adjusted rates**  
Behavioral Risk Factor Surveillance System (2022)



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# County Health Rankings: Health Outcome Measures

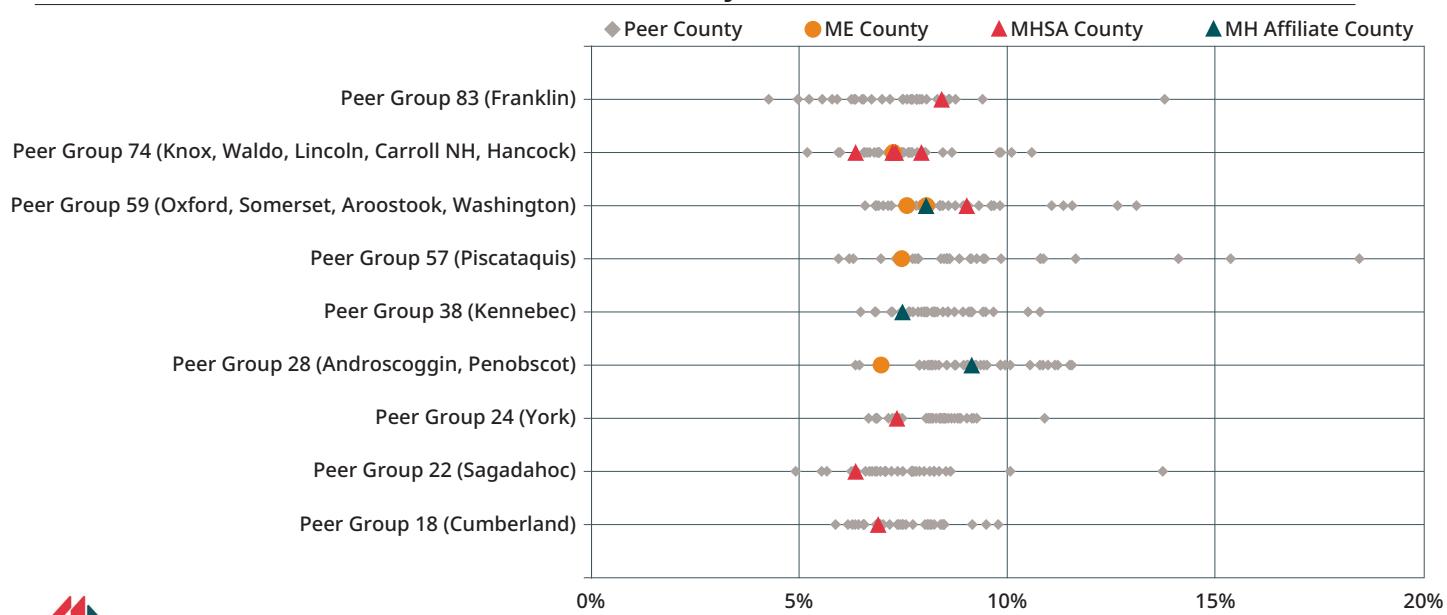
**Avg # of mentally unhealthy days reported in past 30 days; age-adjusted rates**  
 Behavioral Risk Factor Surveillance System (2022)



# County Health Rankings: Health Outcome Measures

**% of live births with low birth weight (< 2,500 grams)**

National Center for Health Statistics; Natality files (2017-2023)



# MaineHealth Service Area Counties vs. Peer Counties: Health Status

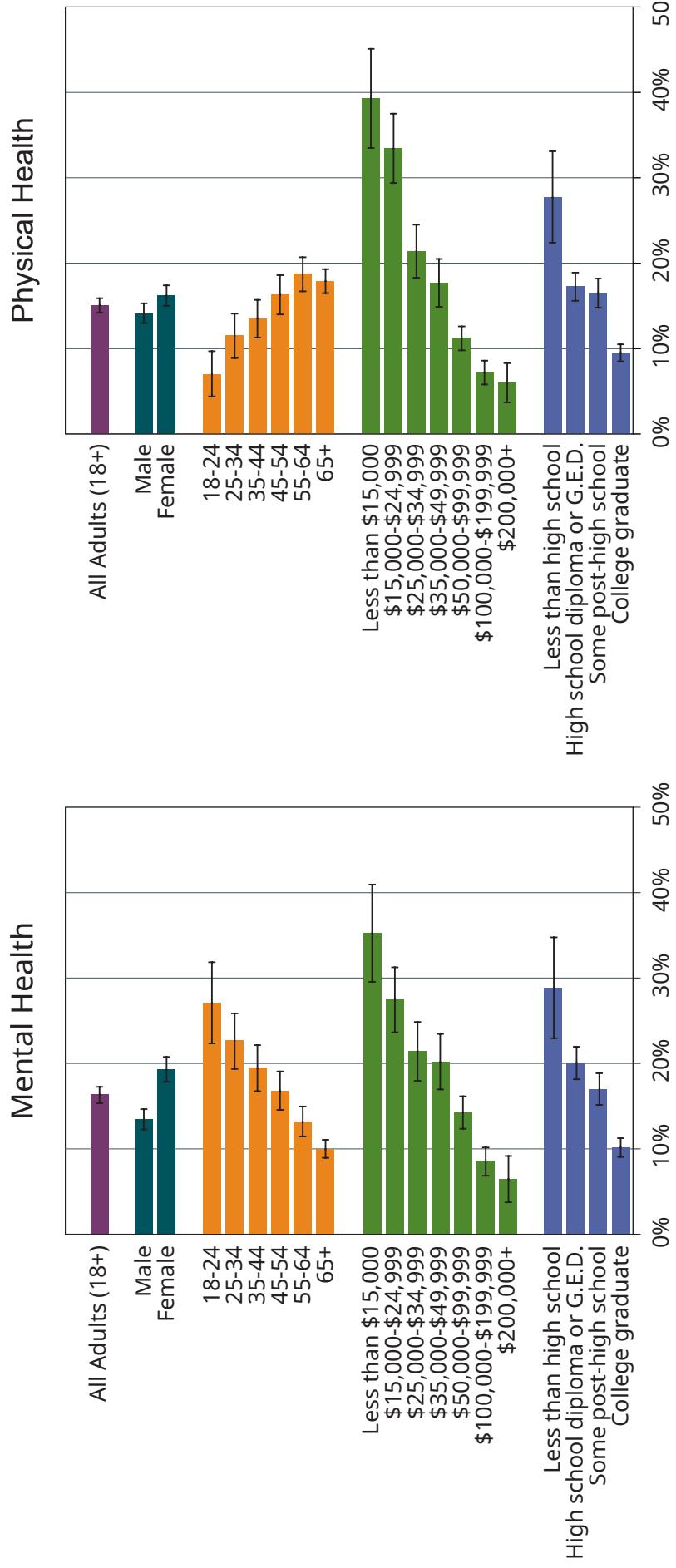
Peer County Information		Maine (ME)/ MHSA County		Peer Counties in ME/MHSA		MaineHealth Service Area		Quartile 1: Healthiest		Quartile 2		Quartile 3		Quartile 4: Least Healthy								
# of Peer Counties	Peer Group	ME/MHSA County Rate	Range	Quartile	Peer Group	ME/MHSA County Rate	Range	Quartile	# Adults who are current smokers (age-adjusted)	% Adults reporting a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted)	# Drug poisoning deaths per 100,000 population (age- adjusted)	Deaths due to suicide per 100,000 population (age-adjusted)	Peer Group		ME/MHSA County Rate	Range	Quartile	Peer Group	ME/MHSA County Rate	Range	Quartile	
Cumberland	34	NONE			29.4%	18%-44%	2	12.5%	9%-18%	1	34.5	16-64	3	13.3	7-28	3						
Franklin	35	NONE	33.4% 33%-43%	1	16.1%	15%-24%	1	37.7	12-50	4	22.3	12-33	2									
Knox	35	Hancock, Lincoln, Waldo, Carroll	27.9%	26%-43%	1	12.8%	10%-21%	1	40.9	12-53	4	22.6	11-35	3								
Lincoln	35	Hancock, Knox, Waldo, Carroll	31.8%	26%-43%	2	15.6%	10%-21%	2	40.3	12-53	4	23.4	11-35	3								
Oxford	36	Aroostook, Somerset, Washington	36.7%	34%-45%	1	20.2%	15%-26%	3	39.1	12-76	3	25.1	6-32	4								
Sagadahoc	34	NONE	30.7%	26%-43%	1	15.5%	12%-25%	1	25.3	14-61	2	16.6	11-40	2								
Waldo	35	Hancock, Knox, Lincoln, Carroll	33.5%	26%-43%	3	14.3%	10%-21%	1	42.5	12-53	4	21.3	11-35	2								
York	34	NONE	29.5%	26%-42%	1	13.0%	11%-19%	1	39.0	15-62	3	19.5	10-47	3								
Carroll, NH	35	Hancock, Knox, Lincoln, Waldo	28.5%	26%-43%	1	14.6%	10%-21%	2	29.4	12-53	3	22.4	11-35	3								
<b>MaineHealth Affiliates</b>																						
Androscoggin	36	Penobscot	36.4%	31%-48%	1	16.4%	14%-23%	1	54.4	12-105	4	17.2	11-30	2								
Kennebec	36	NONE	33.6%	33%-48%	1	16.3%	15%-24%	1	44.2	17-119	3	18.0	11-26	3								
Somerset	36	Aroostook, Oxford, Washington	37.3%	34%-45%	1	18.7%	15%-26%	2	49.9	12-76	4	25.1	6-32	4								
<b>Northern &amp; Downeast Maine</b>																						
Aroostook	36	Oxford, Somerset, Washington	41.7%	34%-45%	3	18.9%	15%-26%	2	51.8	12-76	4	18.8	6-32	2								
Hancock	35	Knox, Lincoln, Waldo, Carroll	28.3%	26%-43%	1	13.6%	10%-21%	1	35.7	12-53	3	17.1	11-35	1								
Penobscot	36	Androscoggin	38.8%	31%-48%	2	17.7%	14%-23%	2	63.3	12-105	4	17.6	11-30	3								
Piscataquis	35	NONE	35.8%	33%-46%	1	15.8%	15%-28%	1	54.3	15-69	4	26.4	13-70	2								
Washington	36	Aroostook, Oxford, Somerset	37.7%	34%-45%	1	18.6%	15%-26%	1	75.5	12-76	4	28.4	6-32	4								

\*Graphs showing how counties in the MHSA (including affiliates) compare to their peers and other U.S. counties overall immediately follow this table

## Frequent Mental and Physical Distress

# Mental and physical health in Maine

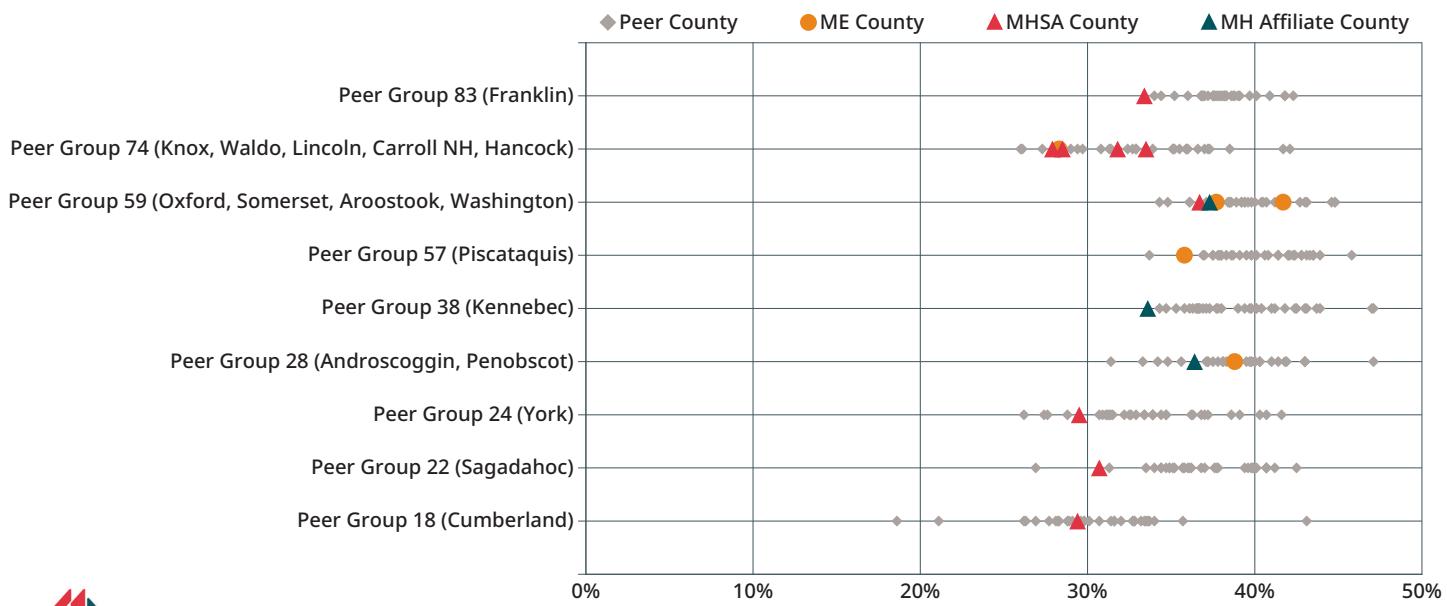
**% of Maine population who reported that their health was not good 14+ days in the past month**  
Behavioral Risk Factor Surveillance System (2024); by demographics



# MaineHealth Priority Issues: Obesity

## % of 18+ -year-olds with a body mass index $\geq 30$

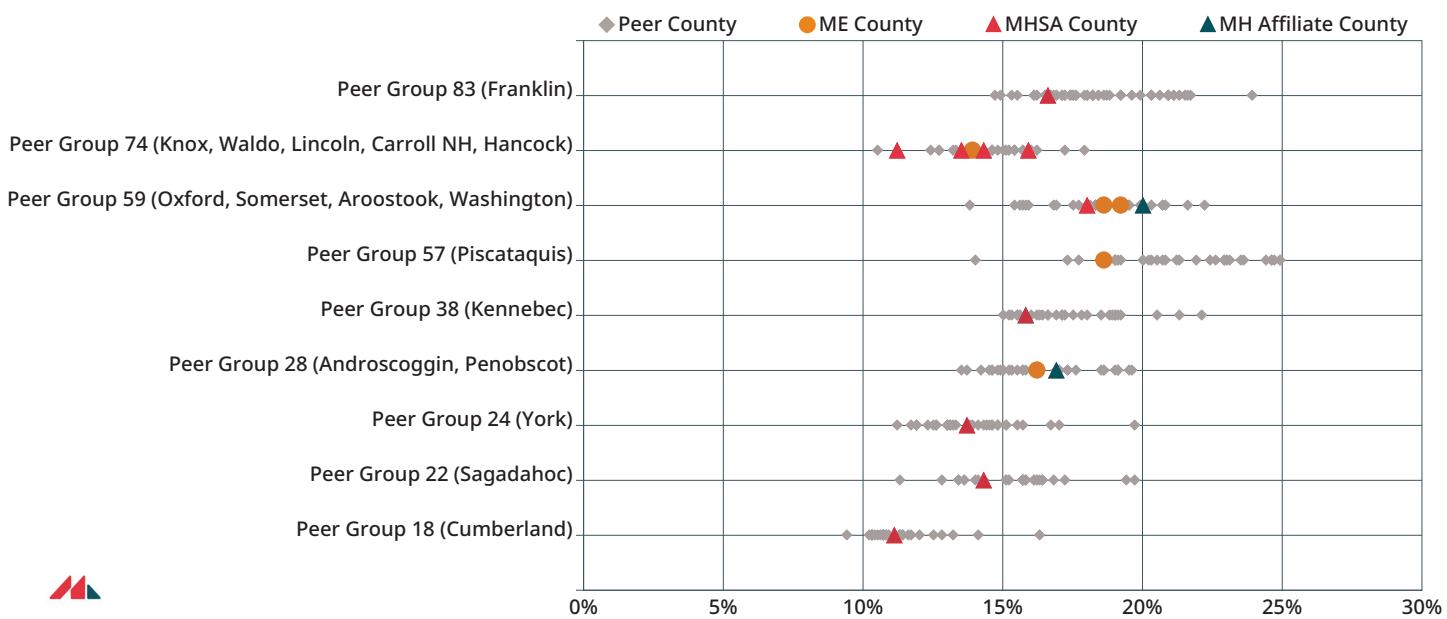
Behavioral Risk Factor Surveillance System (2022)



# MaineHealth Priority Issues: Tobacco Use

## % of 18+ -year-olds who currently smoke cigarettes

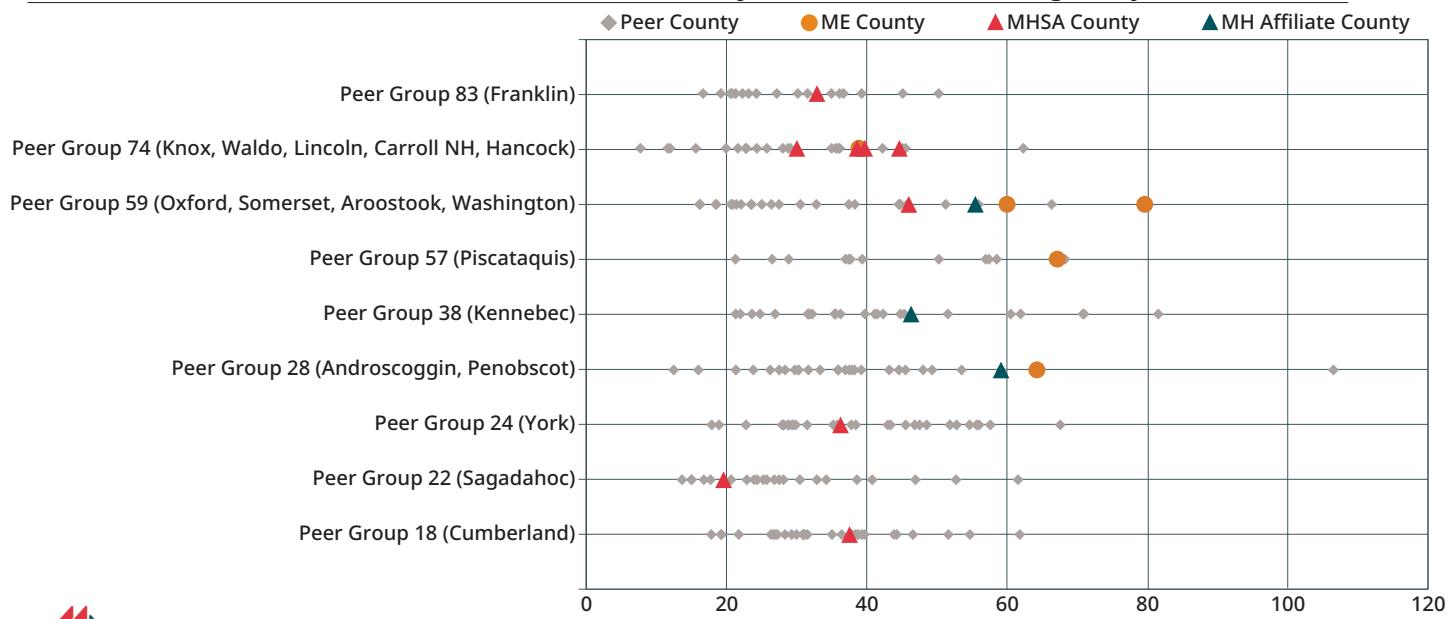
Behavioral Risk Factor Surveillance System (2023)



## MaineHealth Priority Issues: Substance Misuse & Dependence

### Drug poisoning deaths per 100,000 population

National Center for Health Statistics; Mortality files (2021-2023) *age-adjusted*

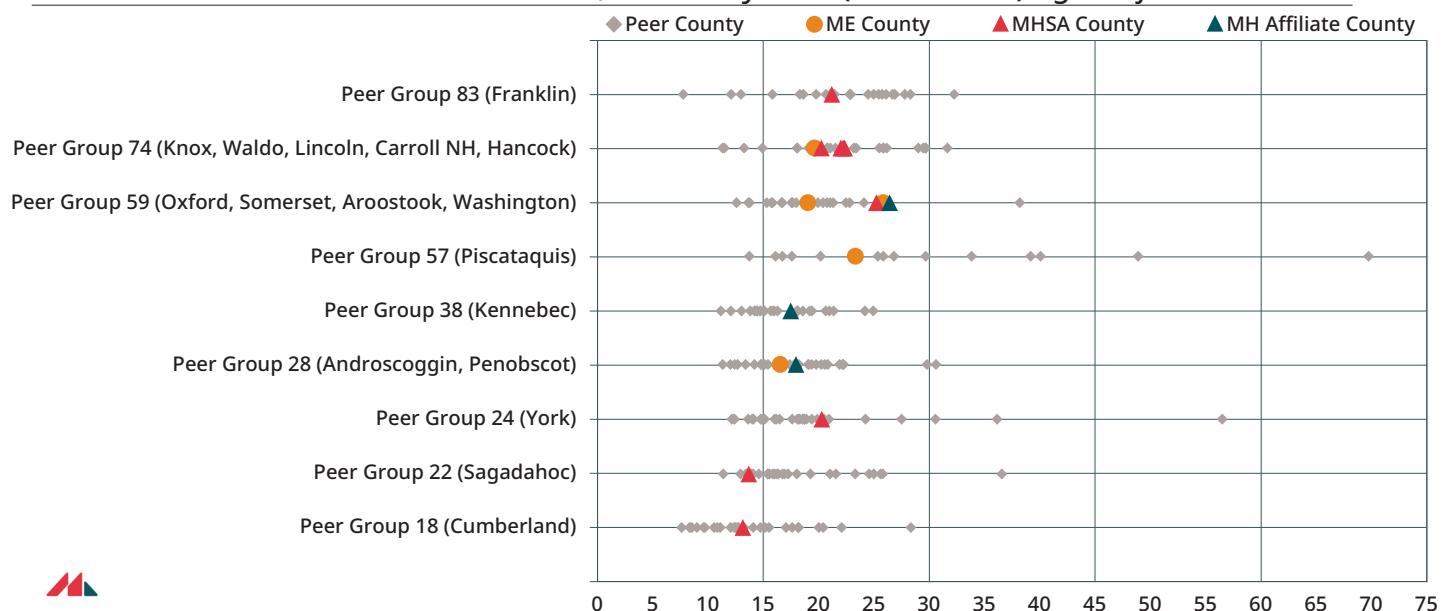


Note: Mercer County, VA in Peer County 38 has been omitted, as it has a rate of 133.1

## MaineHealth Priority Issues: Mental Health

### Deaths due to suicide per 100,000 population

National Center for Health Statistics; Mortality files (2021-2023) *age-adjusted*



# County Health Rankings Detailed Heat Map

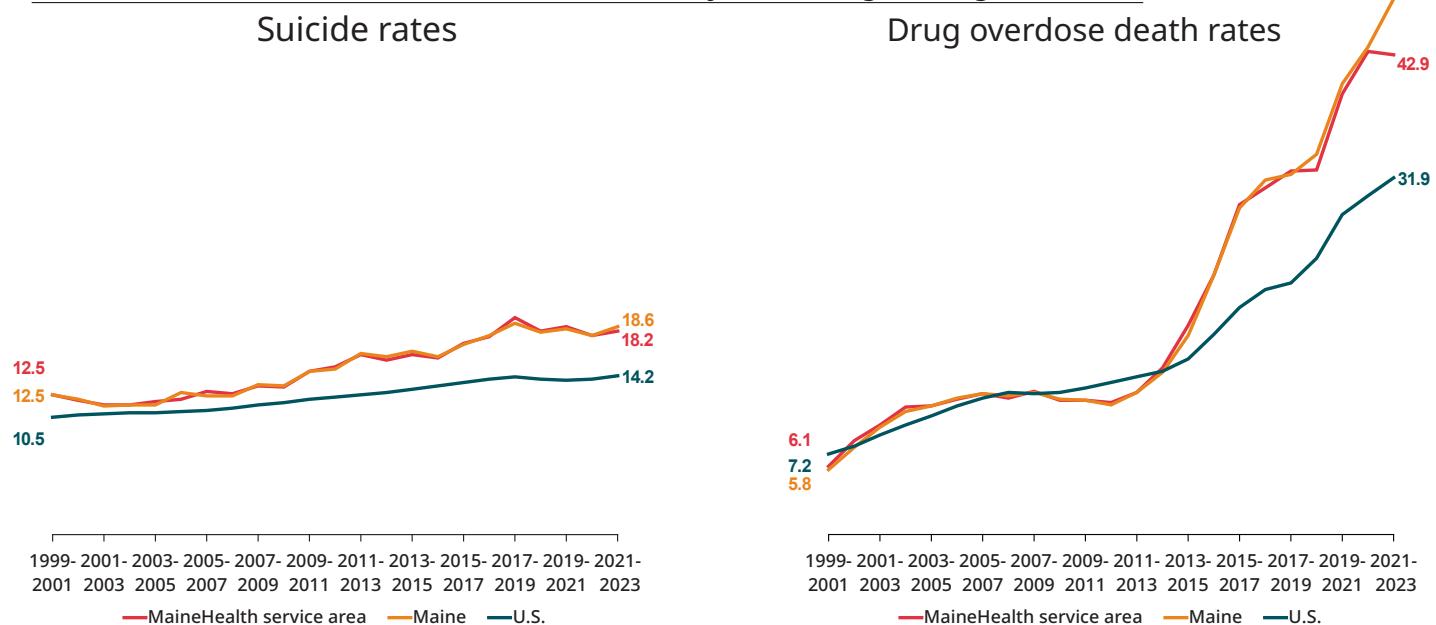
Focus Area	Measure	Description	Year(s)	US Overall	Maine Health Service Area Compared to All US States						
					Median	Quartile	Range				
<b>POPULATION HEALTH AND WELL-BEING</b>											
<b>LENGTH OF LIFE</b>											
Life span	Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	2020-2022	8,400	8,362	2	5,974-13,328				
<b>QUALITY OF LIFE</b>											
Physical health	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	2022	3.9	3.8	2	3-6				
	Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	2017-2023	8%	7%	1	6%-13%				
Mental health	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	2022	5.1	5.5	4	3-7				
Life satisfaction	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	2022	17%	14%	1	12%-24%				
<b>COMMUNITY CONDITIONS</b>											
<b>HEALTH INFRASTRUCTURE</b>											
Health promotion & harm reduction	Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2022	48%	44%	3	32%-58%				
	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	2024, 2022 & 2020	84%	57%	4	57%-100%				
	Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2019 & 2022	7.4	8.5	2	3-10				
Clinical care	Primary Care Physicians	Ratio of population to primary care physicians.	2021	1,330:1	1,237:1	2	776:1-1,875:1				
	Mental Health Providers	Ratio of population to mental health providers.	2024	300:1	308:1	3	130:1-684:1				
	Dentists	Ratio of population to dentists.	2022	1,360:1	1,774:1	4	775:1-2,181:1				
	Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	2022	2,666	1,691	1	1,517-3,938				
	Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2022	44%	44%	2	35%-54%				
	Uninsured	Percentage of population under age 65 without health insurance.	2022	10%	9%	3	2%-19%				
<b>PHYSICAL ENVIRONMENT</b>											
Housing & transportation	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	2017-2021	17%	13%	1	11%-27%				
	Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2019-2023	70%	74%	3	28%-83%				
	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	2019-2023	37%	37%	3	15%-49%				
Air, water & land	Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	2020	7.3	5.5	1	3-13				
	Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	2023	Yes	Yes	4	Yes/No				
Civic & community resources	Broadband Access	Percentage of households with broadband internet connection.	2019-2023	90%	89%	2	81%-93%				
	Library Access	Library visits per person living within the library service area per year.	2022	2.0	1.9	3	0-4				
<b>SOCIAL AND ECONOMIC FACTORS</b>											
Education	Some College	Percentage of adults ages 25-44 with some post-secondary education.	2019-2023	68%	66%	3	56%-86%				
	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	2019-2023	89%	95%	1	84%-95%				
Income, employment & wealth	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	2023	3.6%	3%	1	1%-6%				
	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2019-2023	4.9	4.3	1	3-7				
	Children in Poverty*	Percentage of people under age 18 in poverty.	2023 & 2019-2023	16%	14%	2	8%-26%				
Safety & social support	Injury Deaths*	Number of deaths due to injury per 100,000 population.	2018-2022	84	112	4	60-147				
	Social Associations	Number of membership associations per 10,000 population.	2022	9.1	9.8	3	3-30				
	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	2024 & 2023	28%	32%	3	18%-51%				

\*Indicates subgroup data by race and ethnicity is available; +Not available in all states; †unable to calculate statistical significance

# Drug overdose death vs. suicide rates

## Age-adjusted rates per 100,000 population

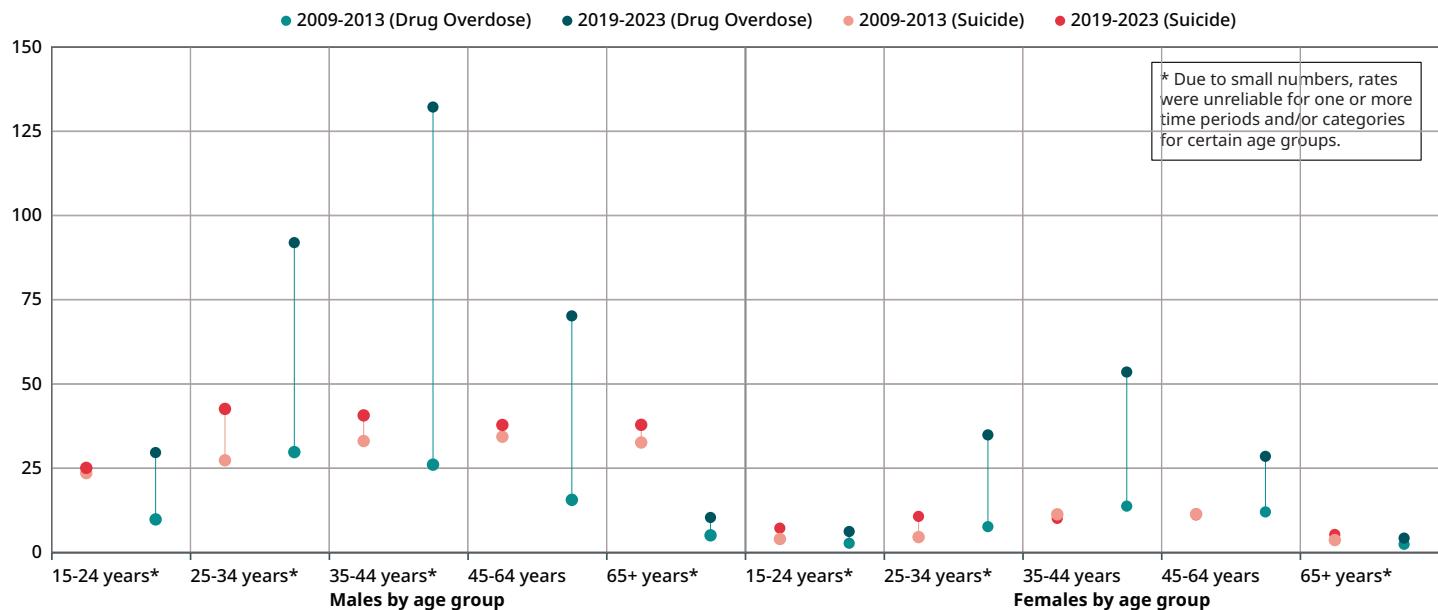
U.S. CDC WONDER database (1999-2023) 3-year rolling averages



## Suicide & overdose death rate increases

### Crude rates per 100,000 population; by gender & age

U.S. CDC Wonder Database (2009-2013 vs 2019-2023); MaineHealth Service Area



## Leading Causes of Premature Death – Maine vs. U.S. (2023)

Leading Causes of Premature Death (ages <75-years-old)	Maine		United States	
	Rank	Age-Adjusted rate	Rank	Age-Adjusted rate
Cancer (All)	1	80.0	1	77.3
Accidents (unintentional injuries)	2	68.6	3	53.2
Accidents (falls)		3.6		2.9
Accidents (motor vehicle)		10.7		12.5
Accidents (poisoning)		48.2		31.6
Heart disease (all)	3	52.5	2	61.9
Intentional self harm (suicide)	4	18.1	4	13.7
COPD	5	16.4	5	12.7
Liver disease	6	13.4	8	11.5
Diabetes mellitus	7	13.3	6	12.5
Cerebrovascular diseases (Stroke)	8	8.4	7	11.6
Perinatal conditions	9	5.1	++	4.0
Influenza & pneumonia	10	3.8	12	4.2

++ Not a top 15 cause of death

## Leading Causes of Premature Death – MaineHealth Service Area vs. U.S. (2023)

Leading Causes of Premature Death (ages <75-years-old)	MaineHealth Service Area		United States	
	Rank	Age-Adjusted rate	Rank	Age-Adjusted rate
Cancer (All)	1	76.9	1	77.3
Accidents (unintentional injuries)	2	60.5	3	53.2
Accidents (poisoning)		42.3		31.6
Accidents (motor vehicle)		10.2		12.5
Accidents (falls)		2.5		2.9
Heart disease (all)	3	48.3	2	61.9
Intentional self harm (suicide)	4	17.9	4	13.7
COPD	5	15.4	5	12.7
Liver disease	6	13.1	8	11.5
Diabetes mellitus	7	12.5	6	12.5
Cerebrovascular diseases (Stroke)	8	7.9	7	11.6
Perinatal conditions	9	6.0	++	4.0
Assault (homicide)	10	4.3	9	7.4

++ Not a top 15 cause of death

## Leading Causes of Death – Maine vs. U.S. (2023)

Leading Causes of Death (all ages)	Maine		United States	
	Rank	Age-Adjusted rate	Rank	Age-Adjusted rate
Heart disease (all)	1	161.6	1	162.1
Cancer (All)	2	154.0	2	141.8
Accidents (unintentional injuries)	3	83.5	3	62.3
Accidents (motor vehicle)		10.8		12.9
Accidents (falls)		20.8		11.4
Accidents (poisoning)		45.5		30.0
COPD	4	40.7	5	33.4
Cerebrovascular diseases (Stroke)	5	30.7	4	39.0
Alzheimer disease	6	25.4	6	27.7
Diabetes mellitus	7	25.2	7	22.4
Intentional self harm (suicide)	8	18.5	8	14.1
Liver disease	9	14.7	10	13.0
COVID-19	10	14.4	11	11.9

## Leading Causes of Death – MaineHealth Service Area vs. U.S. (2023)

Leading Causes of Death (all ages)	MaineHealth Service Area		United States	
	Rank	Age-Adjusted rate	Rank	Age-Adjusted rate
Cancer (All)	1	152.1	2	141.8
Heart disease (all)	2	151.9	1	162.1
Accidents (unintentional injuries)	3	76.7	3	62.3
Accidents (poisoning)		40.0		30.0
Accidents (falls)		20.5		11.4
Accidents (motor vehicle)		10.2		12.9
COPD	4	39.0	5	33.4
Cerebrovascular diseases (Stroke)	5	30.5	4	39.0
Alzheimer disease	6	26.8	6	27.7
Diabetes mellitus	7	23.9	7	22.4
Intentional self harm (suicide)	8	18.2	8	14.1
Liver disease	9	14.3	10	13.0
COVID-19	10	13.4	11	11.9

## Summary of Strengths and Challenges Various Maine Reports

Source	Strengths	Challenges
<b>America's Health Rankings 2025 Annual Report (relative to other States)</b>	<ul style="list-style-type: none"> <li>• High prevalence of high school completion</li> <li>• High % of colorectal and breast cancer screening</li> <li>• Low rate of birth weight racial disparity</li> <li>• Low incidence of avoiding care due to cost</li> </ul>	<ul style="list-style-type: none"> <li>• High racial disparity in home ownership</li> <li>• High prevalence of frequent mental and physical distress</li> <li>• High lead risk with housing</li> <li>• High prevalence of cancer</li> </ul>
<b>America's Health Rankings 2025 Senior Report (relative to other States)</b>	<ul style="list-style-type: none"> <li>• Low prevalence of multiple chronic conditions (ages 65-74)</li> <li>• Low prevalence of food insecurity (ages 60+)</li> <li>• Low prevalence of avoiding care due to cost (ages 65+)</li> </ul>	<ul style="list-style-type: none"> <li>• High rates of depression and suicide (ages 65+)</li> <li>• High prevalence of excessive drinking (ages 65+)</li> <li>• High prevalence of falls (ages 65+)</li> <li>• High prevalence of teeth extractions (65+)</li> <li>• High prevalence of physical distress (65+)</li> </ul>
<b>America's Health Rankings 2025 Women and Children Report (relative to other States)</b>	<ul style="list-style-type: none"> <li>• High prevalence of high school completion</li> <li>• Low incidence of chlamydia among women</li> <li>• High prevalence of physical activity among children</li> <li>• High rates of adequate prenatal care among pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• High prevalence of asthma among children</li> <li>• High prevalence of multiple chronic conditions among women</li> <li>• High prevalence of cigarette smoking among women and during pregnancy</li> <li>• High prevalence of mental health conditions among children</li> </ul>
<b>County Health Rankings 2025 (MHSA relative to US overall)</b>	<ul style="list-style-type: none"> <li>• Low prevalence of unemployment (16+)</li> <li>• High % of adults (25+) who have completed high school</li> <li>• Low % of people reported fair or poor health</li> <li>• Low rate of preventable hospitalizations</li> <li>• Low rate of income inequality</li> <li>• Low % of household with severe problems</li> </ul>	<ul style="list-style-type: none"> <li>• High rate of injury deaths</li> <li>• High number of mentally unhealthy days</li> <li>• Low access to locations for physical activity</li> <li>• High ratio of population to dentists and mental health providers</li> <li>• High % of population uninsured (below age 65)</li> </ul>
<b>Maine Kids Count 2025 (annual trends)</b>	<ul style="list-style-type: none"> <li>• Ranks 6th on family and community measures, with decreases in children in single-parent families, children living in high-poverty areas, and teen births</li> <li>• Decrease in % of children without health insurance and % of children in poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Maine ranks 41st compared to other states on education measures with increases in youth ages 3-4 not in school, 4th graders not proficient in reading, 8th graders not proficient in math, and high school students not graduating on time</li> <li>• Increase in % of low birth-weight babies, rate of child and teen deaths and % children and teens (ages 10-17) who are overweight or obese</li> <li>• Increase in % of children whose parents lack secure employment and % of children living in households with a high housing cost burden</li> </ul>
<b>Maine Youth Risk Behavior Surveillance System 2023 (annual trends)</b>	<ul style="list-style-type: none"> <li>• % of high school students who have ever misused prescription medication was significantly lower than the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Rates of high school students being bullied on school property increased back to 2019 levels</li> <li>• % who did not go to school, because they felt unsafe, significantly increased</li> <li>• % currently smoking cigarettes is significantly higher than U.S.</li> <li>• % whose mental health was not good most of the time or always is significantly higher than U.S.</li> </ul>
<b>Maine Measures of Growth 2025 (annual trends)</b>	<ul style="list-style-type: none"> <li>• In 2024, Maine's labor force rose by 1.8%</li> <li>• In 2025, internet connectivity increased by 3% to cover 92% of Mainers, although certain counties remain with limited broadband services</li> <li>• Maine's crime rate was 47% below the national average in 2023 and the third lowest of the 50 states</li> <li>• Maine had 27 moderately unhealthy air quality days in 2024, 12 fewer than the previous year</li> </ul>	<ul style="list-style-type: none"> <li>• While Maine 4th graders who were proficient in reading rose by 4% in 2024, this is below the national average and the state ranks 44th lowest out of 50</li> <li>• 25% of Maine's 8th graders are proficient in Mathematics. This is below the national average and Maine ranks 31st lowest out of 50</li> <li>• While R&amp;D spending in Maine in 2022 rose, it remains below the national average</li> <li>• The share of households unable to afford the median-priced home rose to 64% and is highest in Knox County (81%)</li> </ul>

# Summary of Strengths and Challenges

## America's Healthy Rankings and County Health Rankings Components

### Population Health and Well-Being

- **Strengths:** Maine has a low racial disparity ratio of low birthweight and the MaineHealth Service Area has a lower prevalence of low birthweights compared to all other states. Life satisfaction as well as premature death are better in the MaineHealth Service Area than the U.S. overall. In Maine, the premature death racial disparity is low as well as non-medical drug use in the past month among adults.
- **Challenges:** Poor mental health is a struggle among Mainers, which contributes to frequent mental distress. Additionally, drug death rates in Maine are among the highest in the country, and adults struggle with multiple chronic conditions.

### Health Promotion and Harm Reduction

- **Strengths:** One of Maine's biggest strengths under health behaviors is safe sexual activity, including low rates of chlamydia cases and teen births. Additionally, the rate of e-cigarette use among adults in Maine is low.
- **Challenges:** Maine has high rates of smoking among adults. Further, a lower % of people in MaineHealth Service Area counties have access to locations for physical activity compared to other states.

### Clinical Care

- **Strengths:** People in Maine have better access to primary care and mental health providers than people in other states, though this varies by county. Also, Maine has higher rates of cancer screenings, especially for breast and colorectal cancer, childhood immunizations by 24 months old, and flu vaccinations among adults. Additionally, Maine has one of the lowest rates of adults avoiding care due to cost, one of the highest rates of adults who have a dedicated healthcare provider and has seen a 31% decrease in uninsured Mainers between 2019-2024. MaineHealth Service Area counties also are in the 1st quartile for low rates of preventable hospital stays.
- **Challenges:** Maine does well on most clinical care measures, although it ranks in the middle of other states on HPV vaccination rates (18th). MaineHealth Service Area counties tend to have higher ratios of population to dentists and mental health providers. The service area also has a higher % of people under 65 without health insurance.

### Physical Environment

- **Strengths:** Air pollution was lower in Maine, and the % of electricity generated from hydroelectric energy is higher than in many states. Maine also has strong climate policies and smoke-free policies compared to other states
- **Challenges:** Compared to other states, Maine has a higher % of housing with lead risks and population living in areas with climate risks. Homelessness is also a challenge in Maine. MaineHealth Service Area counties were in the 3rd quartile for the % of people who commute alone and have a long commute

### Social and Economic Factors

- **Strengths:** Maine's strengths in social and economic factors include high rates of high school completion, voter participation, and low rates of occupational fatalities. Another strength for MaineHealth Service Area counties is low-income inequality and low rates of unemployment among those 16+ seeking a job.
- **Challenges:** Maine struggles with high rates of adverse childhood experiences (ACEs), including substance misuse and mental illness in households, low rates of fourth grade reading proficiency and high residential segregation. Among MaineHealth Service Area counties, there are high rates of injury deaths, which include drug overdose deaths and suicides among other causes.

# America's Health Rankings 2024 Annual Report

## Maine Profile

### Measures | Maine

		State Rank	State Value	U.S. Value
<b>Social &amp; Economic Factors</b>		<b>17</b>	<b>0.364</b>	
<b>Community and Family Safety</b>	Firearm Deaths (Deaths per 100,000 population)*	23	14.3	14.0
	Homicide (Deaths per 100,000 population)	7	2.6	6.7
	Occupational Fatalities (Deaths per 100,000 workers)	3	3.4	4.2
	Public Health Funding (Dollars per person)	12	\$157	\$124
<b>Economic Resources</b>	Economic Hardship Index (Index from 1-100)	7	28	—
	Food Insecurity (% of households)	21	10.9%	12.2%
	Income Inequality (80:20 ratio)	22	4.52	4.85
<b>Education</b>	Fourth Grade Reading Proficiency (% of public school students)	45	26.1%	30.5%
	High School Completion (% of adults age 25+)	2	94.8%	89.9%
<b>Social Support and Engagement</b>	Adverse Childhood Experiences (% of children ages 0-17)	33	16.7%	14.1%
	High-Speed Internet (% of households)	28	94.2%	94.6%
	Residential Segregation - Black/White (Index from 0-100)	46	75	—
	Volunteerism (% of population age 16+)	11	34.9%	28.3%
	Voter Participation (% of U.S. citizens age 18+)	7	65.5%	58.8%
<b>Physical Environment</b>		<b>3</b>	<b>0.743</b>	
<b>Air and Water Quality</b>	Air Pollution (Micrograms of fine particles per cubic meter)	5	5.9	8.8
	Drinking Water Violations (Average violations per community water system)	23	1.9	2.5
	Water Fluoridation (% of population served by community water systems)	21	79.5%	72.3%
<b>Climate and Health</b>	Climate Policies (Number out of four policies)	1	4	—
	Renewable Energy (% of total electricity generated)*	11	43.1%	21.9%
<b>Housing and Transit</b>	Homelessness (People per 10,000 population)*	36	19.2	22.6
	Housing Cost Burden (% of households)*	20	27.6%	32.0%
	Housing With Lead Risk (% of housing stock)	41	22.1%	16.1%
	Severe Housing Problems (% of occupied housing units)	10	12.6%	16.8%
<b>Clinical Care</b>		<b>7</b>	<b>1.056</b>	
<b>Access to Care</b>	Avoided Care Due to Cost (% of adults)	8	9.2%	11.5%
	Dental Care Providers (Providers per 100,000 population)	22	65.5	66.3
	Mental Health Providers (Providers per 100,000 population)	5	602.3	362.6
	Primary Care Providers (Providers per 100,000 population)	2	386.1	291.4
	Uninsured (% of total population)	12	5.5%	8.2%
<b>Preventive Clinical Services</b>	Cancer Screenings (% of adults ages 40-75)	6	70.4%	64.5%
	Childhood Immunizations (% of 3-year birth cohort)	7	74.4%	66.9%
	Dental Visit (% of adults)	27	66.9%	67.5%
	Flu Vaccination (% of adults)	3	50.6%	41.3%
	HPV Vaccination (% of adolescents ages 13-17)	18	66.9%	62.9%
<b>Quality of Care</b>	Dedicated Health Care Provider (% of adults)	2	90.8%	83.9%
	Preventable Hospitalizations (Discharges per 100,000 Medicare beneficiaries age 18+)	12	2,275	2,768
<b>Behaviors</b>		<b>10</b>	<b>0.487</b>	
<b>Nutrition and Physical Activity</b>	Exercise (% of adults)	17	31.0%	30.4%
	Fruit and Vegetable Consumption (% of adults)	26	71%	74%
	Physical Inactivity (% of adults)	18	21.4%	21.8%
<b>Sexual Health</b>	Chlamydia (Cases per 100,000 population)	3	2174	492.2
	High-Risk HIV Behaviors (% of adults)	11	5.1%	5.6%
	Teen Births (Births per 1,000 females ages 15-19)	5	7.2	13.1
<b>Sleep Health</b>	Insufficient Sleep (% of adults)	11	32.7%	35.5%
<b>Smoking and Tobacco Use</b>	E-Cigarette Use (% of adults)	9	6.5%	8.0%
	Smoking (% of adults)	43	14.4%	11.6%
<b>Health Outcomes</b>		<b>24</b>	<b>0.112</b>	
<b>Behavioral Health</b>	Drug Deaths (Deaths per 100,000 population)*	42	42.8	31.4
	Excessive Drinking (% of adults)	21	16.5%	17.0%
	Frequent Mental Distress (% of adults)	35	16.4%	15.6%
	Non-Medical Drug Use (% of adults)	13	11.8%	16.8%
<b>Mortality</b>	Premature Death (Years lost before age 75 per 100,000 population)	28	8,082	7,862
	Premature Death Racial Disparity (Ratio of highest rate to white rate)	4	1.2	1.9
<b>Physical Health</b>	Frequent Physical Distress (% of adults)	43	15.1%	13.0%
	Low Birth Weight (% of live births)	20	8.0%	8.6%
	Low Birth Weight Racial Disparity (Ratio of highest rate to white rate)	2	1.3	2.1
	Multiple Chronic Conditions (% of adults)	44	15.4%	11.3%
	Obesity (% of adults)	20	33.2%	34.2%
<b>Overall</b>		<b>13</b>	<b>0.467</b>	

Visit [AmericasHealthRankings.org](https://AmericasHealthRankings.org) for the full list of [measures](#), [source details](#) and [methodologies](#).

\* Unweighted measure that does not contribute to a state's Overall Rank.  
— Data are not available, missing or suppressed.



# America's Health Rankings 2024 Annual Report

## New Hampshire Profile

### Measures | New Hampshire

		State Rank	State Value	U.S. Value
<b>Social &amp; Economic Factors</b>		<b>1</b>	<b>0.927</b>	
<b>Community and Family Safety</b>	Firearm Deaths (Deaths per 100,000 population)*	9	10.2	14.0
	Homicide (Deaths per 100,000 population)	1	1.7	6.7
	Occupational Fatalities (Deaths per 100,000 workers)	16	4.0	4.2
	Public Health Funding (Dollars per person)	32	\$109	\$124
<b>Economic Resources</b>	Economic Hardship Index (Index from 1-100)	1	1	—
	Food Insecurity (% of households)	1	74%	12.2%
	Income Inequality (80:20 ratio)	19	4.44	4.85
<b>Education</b>	Fourth Grade Reading Proficiency (% of public school students)	4	36.2%	30.5%
	High School Completion (% of adults age 25+)	1	95.0%	89.9%
<b>Social Support and Engagement</b>	Adverse Childhood Experiences (% of children ages 0-17)	23	14.7%	14.1%
	High-Speed Internet (% of households)	1	96.1%	94.6%
	Residential Segregation - Black/White (Index from 0-100)	38	70	—
	Volunteerism (% of population age 16+)	31	29.6%	28.3%
	Voter Participation (% of U.S. citizens age 18+)	7	65.5%	58.8%
<b>Physical Environment</b>		<b>9</b>	<b>0.513</b>	
<b>Air and Water Quality</b>	Air Pollution (Micrograms of fine particles per cubic meter)	3	5.0	8.8
	Drinking Water Violations (Average violations per community water system)	9	1.5	2.5
	Water Fluoridation (% of population served by community water systems)	42	45.5%	72.3%
<b>Climate and Health</b>	Climate Policies (Number out of four policies)	13	3	—
	Renewable Energy (% of total electricity generated)*	31	11.8%	21.9%
<b>Housing and Transit</b>	Homelessness (People per 10,000 population)*	33	15.9	22.6
	Housing Cost Burden (% of households)*	33	30.5%	32.0%
	Housing With Lead Risk (% of housing stock)	33	19.1%	16.1%
	Severe Housing Problems (% of occupied housing units)	21	13.5%	16.8%
<b>Clinical Care</b>		<b>3</b>	<b>1.304</b>	
<b>Access to Care</b>	Avoided Care Due to Cost (% of adults)	6	8.6%	11.5%
	Dental Care Providers (Providers per 100,000 population)	16	69.5	66.3
	Mental Health Providers (Providers per 100,000 population)	15	440.3	362.6
	Primary Care Providers (Providers per 100,000 population)	4	370.7	291.4
	Uninsured (% of total population)	4	4.5%	8.2%
<b>Preventive Clinical Services</b>	Cancer Screenings (% of adults ages 40-75)	4	71.7%	64.5%
	Childhood Immunizations (% of 3-year birth cohort)	3	77.2%	66.9%
	Dental Visit (% of adults)	5	72.2%	67.5%
	Flu Vaccination (% of adults)	4	50.4%	41.3%
	HPV Vaccination (% of adolescents ages 13-17)	4	72.2%	62.9%
<b>Quality of Care</b>	Dedicated Health Care Provider (% of adults)	1	91.0%	83.9%
	Preventable Hospitalizations (Discharges per 100,000 Medicare beneficiaries age 18+)	19	2,500	2,768
<b>Behaviors</b>		<b>2</b>	<b>1.214</b>	
<b>Nutrition and Physical Activity</b>	Exercise (% of adults)	5	33.1%	30.4%
	Fruit and Vegetable Consumption (% of adults)	4	11.1%	7.4%
	Physical Inactivity (% of adults)	7	18.6%	21.8%
<b>Sexual Health</b>	Chlamydia (Cases per 100,000 population)	1	196.6	492.2
	High-Risk HIV Behaviors (% of adults)	17	5.3%	5.6%
	Teen Births (Births per 1,000 females ages 15-19)	1	4.6	13.1
<b>Sleep Health</b>	Insufficient Sleep (% of adults)	16	33.0%	35.5%
<b>Smoking and Tobacco Use</b>	E-Cigarette Use (% of adults)	4	5.7%	8.0%
	Smoking (% of adults)	9	9.1%	11.6%
<b>Health Outcomes</b>		<b>2</b>	<b>0.889</b>	
<b>Behavioral Health</b>	Drug Deaths (Deaths per 100,000 population)*	23	31.4	31.4
	Excessive Drinking (% of adults)	32	17.6%	17.0%
	Frequent Mental Distress (% of adults)	18	15.0%	15.6%
	Non-Medical Drug Use (% of adults)	2	7.2%	16.8%
<b>Mortality</b>	Premature Death (Years lost before age 75 per 100,000 population)	10	6,577	7,862
	Premature Death Racial Disparity (Ratio of highest rate to white rate)	1	0.5	1.9
<b>Physical Health</b>	Frequent Physical Distress (% of adults)	8	11.5%	13.0%
	Low Birth Weight (% of live births)	2	6.8%	8.6%
	Low Birth Weight Racial Disparity (Ratio of highest rate to white rate)	10	1.8	2.1
	Multiple Chronic Conditions (% of adults)	20	10.8%	11.3%
	Obesity (% of adults)	11	31.1%	34.2%
<b>Overall</b>		<b>1</b>	<b>0.990</b>	

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\* Unweighted measure that does not contribute to a state's Overall Rank.  
— Data are not available, missing or suppressed.



## Summary of Strengths & Challenges

### America's Health Rankings 2025 Annual Report

Report Category	Maine's Component Rank in U.S.	Strengths	Challenges
<b>Social and Economic Factors</b>	17	<ul style="list-style-type: none"> <li>• Adverse Childhood Experiences: Discrimination: Race or Ethnicity (5th)</li> <li>• Crowded Housing (1st)</li> <li>• Less Than High School Education (2nd)</li> <li>• High School Completion (2nd)</li> <li>• Homeownership (4th)</li> <li>• Neighborhood Racial/Ethnic Segregation (2nd)</li> <li>• Occupational Fatalities (3rd)</li> <li>• Unemployment (2nd)</li> </ul>	<ul style="list-style-type: none"> <li>• Adverse Childhood Experiences: <ul style="list-style-type: none"> <li>• Discrimination: Health Condition (36th)</li> <li>• Substance Misuse in Household (36th)</li> </ul> </li> <li>• Dependency: Ages &lt;18 or &gt;64 (36th)</li> <li>• Fourth Grade Reading Proficiency (45th)</li> <li>• Homeownership: Racial Disparity (42nd)</li> <li>• Residential Segregation: Black/White (46th)</li> </ul>
<b>Clinical Care</b>	7	<ul style="list-style-type: none"> <li>• Colorectal Cancer Screening (5th)</li> <li>• Dedicated Health Care Provider (2nd)</li> <li>• Flu Vaccination (3rd)</li> <li>• Mental Health Providers (5th)</li> <li>• Primary Care Providers (2nd)</li> </ul>	<ul style="list-style-type: none"> <li>• <i>No behaviors ranking 35th-50th</i></li> </ul>
<b>Health Behaviors</b>	10	<ul style="list-style-type: none"> <li>• Chlamydia cases (3rd)</li> <li>• Teen Births (5th)</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking (43rd)</li> <li>• Homelessness (36th)</li> <li>• Homelessness: Sheltered (41st)</li> <li>• Housing With Lead Risk (41st)</li> </ul>
<b>Physical Environment</b>	3	<ul style="list-style-type: none"> <li>• Air Pollution (5th)</li> <li>• Climate Policies (1st)</li> <li>• Smoke-Free Policies (1st)</li> </ul>	<ul style="list-style-type: none"> <li>• Housing Cost Burden: Owners (35th)</li> <li>• Housing With Lead Risk (41st)</li> </ul>
<b>Health Outcomes</b>	24	<ul style="list-style-type: none"> <li>• Low Birth Weight: Racial Disparity (2nd)</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic Conditions: <ul style="list-style-type: none"> <li>• Arthritis (46th) • Asthma (47th)</li> <li>• Depression (45th) • COPD (42nd)</li> <li>• Cancer (48th) • Drug Deaths (46th)</li> <li>• Cardiovascular Diseases (40th)</li> <li>• Chronic Kidney Disease (37th)</li> <li>• Multiple Chronic Conditions (44th)</li> </ul> </li> <li>• Cannabis Use (39th)</li> <li>• Frequent Mental Distress (35th)</li> <li>• Frequent Physical Distress (43rd)</li> </ul>

## Summary of Strengths & Challenges

### America's Health Rankings 2025 Senior Report

Report Category	Maine's Component Rank in U.S.	Strengths	Challenges
<b>Social and Economic Factors</b>	9	<ul style="list-style-type: none"> <li>College Graduate: Age 65+ (9th)</li> <li>Food Insecurity: Age 60+ (5th)</li> <li>Independent Living Difficulty (6th)</li> <li>Low-Care Nursing Home Resident (2nd)</li> <li>Poverty: Age 65+ (9th)</li> <li>Voter Participation, Average: Age 65+ (9th)</li> <li>Voter Participation, Midterm: Age 65+ (3rd)</li> </ul>	<ul style="list-style-type: none"> <li>Community Support Expenditures (28th)</li> <li>Congregate Meals (28th)</li> <li>Living Alone (31st)</li> <li>Never Married (26th)</li> <li>Poverty, Racial Disparity: Age 65+ (30th)</li> <li>Senior Centers (34th)</li> <li>Unpaid Elder Care (40th)</li> <li>Volunteerism: Age 65+ (34th)</li> </ul>
<b>Clinical Care</b>	5	<ul style="list-style-type: none"> <li>Avoided Care Due to Cost: Age 65+ (2nd)</li> <li>Cancer Screenings: Ages 65-75 (5th)</li> <li>Direct Care Worker Wage Competitiveness (6th)</li> <li>Flu Vaccination: Age 65+ (7th)</li> <li>Pneumonia Vaccination: Age 65+ (6th)</li> </ul>	<ul style="list-style-type: none"> <li>Geriatric Clinicians (27th)</li> </ul>
<b>Health Behaviors</b>	20	<ul style="list-style-type: none"> <li><i>No behaviors ranking 1st-10th</i></li> </ul>	<ul style="list-style-type: none"> <li>Fruit and Vegetable Consumption: Age 65+ (29th)</li> </ul>
<b>Physical Environment</b>	5	<ul style="list-style-type: none"> <li>Air Pollution (4th)</li> <li>Smoke-Free Policies (1st)</li> </ul>	<ul style="list-style-type: none"> <li>Housing Cost Burden: Age 65+ (29th)</li> <li>Severe Housing Problems: Age 62+ (29th)</li> </ul>
<b>Health Outcomes</b>	30	<ul style="list-style-type: none"> <li>Multiple Chronic Conditions: Ages 65-74 (9th)</li> </ul>	<ul style="list-style-type: none"> <li>Depression: Age 65+ (34th)</li> <li>Excessive Drinking: Age 65+ (35th)</li> <li>Falls: Age 65+ (38th)</li> <li>Frequent Mental Distress: Age 65+ (30th)</li> <li>Frequent Physical Distress: Age 65+ (31st)</li> <li>Suicide: Age 65+ (30th)</li> <li>Teeth Extractions: Age 65+ (37th)</li> </ul>

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# Summary of Strengths & Challenges

## America's Health Rankings 2025 Women and Children Report

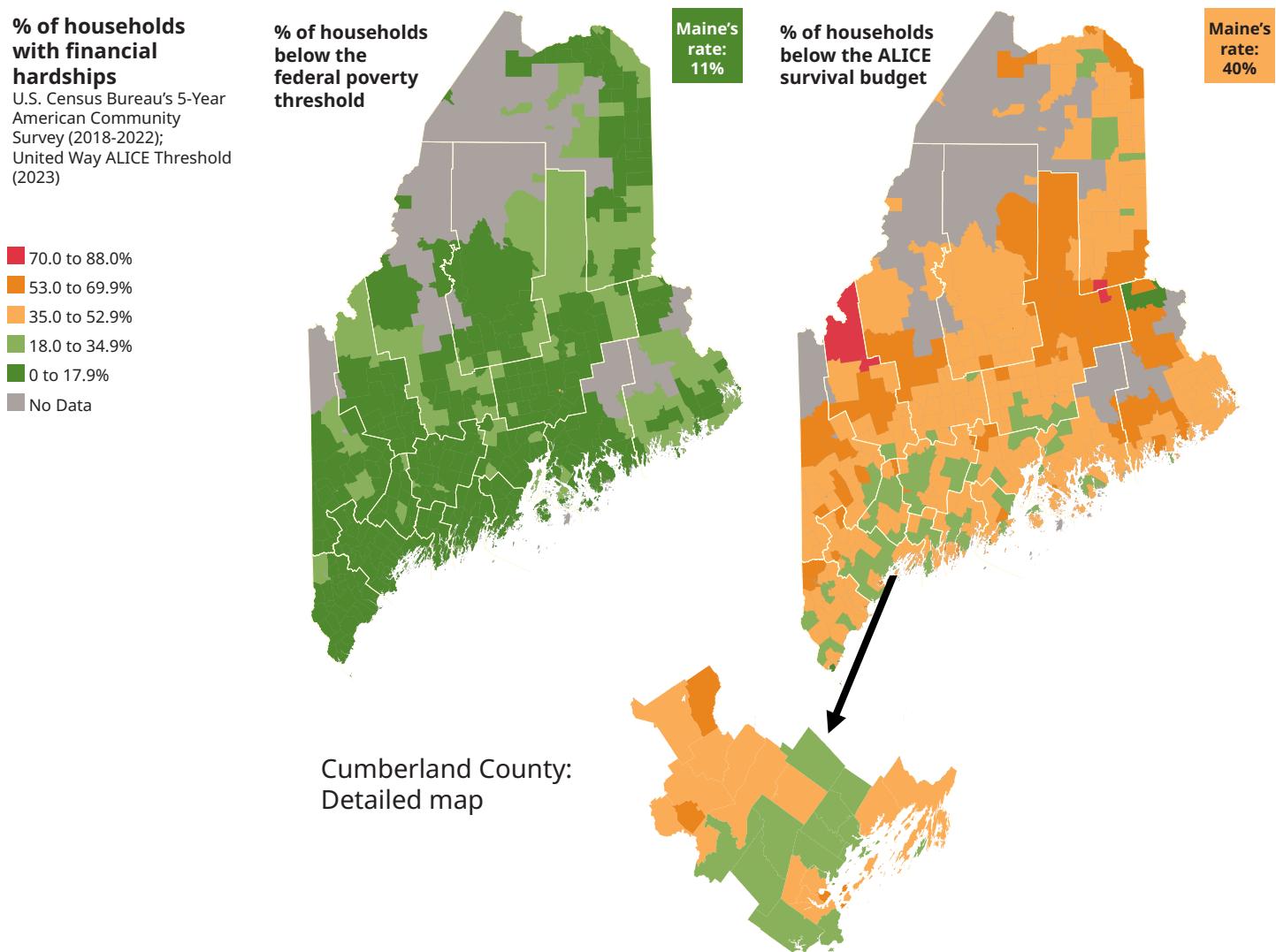
Category	Maine's Component Rank in U.S.	Strengths	Challenges
<b>Women &amp; Children</b>			
<b>Physical Environment</b>	18	<ul style="list-style-type: none"> <li>Air Pollution (4th)</li> <li>Climate Policies (1st)</li> </ul>	<ul style="list-style-type: none"> <li>Household Smoke: Children (47th)</li> <li>Housing With Lead Risk (41st)</li> </ul>
<b>Women</b>			
<b>Social &amp; Economic Factors</b>	21	<ul style="list-style-type: none"> <li>Concentrated Disadvantage (3rd)</li> <li>Gender Pay Gap (9th)</li> </ul>	<ul style="list-style-type: none"> <li>Residential Segregation: Black/White (46th)</li> </ul>
<b>Clinical Care</b>	6	<ul style="list-style-type: none"> <li>Adequate Prenatal Care (5th)</li> <li>Cervical Cancer Screening (1st)</li> <li>Dedicated Health Care Provider (1st)</li> <li>Flu Vaccination (4th)</li> <li>Postpartum Visit (6th)</li> <li>Maternity Care Desert (1st)</li> </ul>	<ul style="list-style-type: none"> <li><i>No measures ranked above 40</i></li> </ul>
<b>Health Behaviors</b>	9	<ul style="list-style-type: none"> <li>Chlamydia (1st)</li> <li>Insufficient Sleep (3rd)</li> <li>Physical Inactivity (3rd)</li> <li>Unintended Pregnancy (3rd)</li> <li>Exercise (10th)</li> </ul>	<ul style="list-style-type: none"> <li>Smoking During Pregnancy (45th)</li> <li>Smoking (45th)</li> </ul>
<b>Health Outcomes</b>	46	<ul style="list-style-type: none"> <li>High Health Status (10th)</li> </ul>	<ul style="list-style-type: none"> <li>Chronic Conditions: <ul style="list-style-type: none"> <li>Asthma (50th)</li> <li>Depression (50th)</li> <li>Multiple Chronic Conditions (45th)</li> <li>Chronic Obstructive Pulmonary Disease (43rd)</li> </ul> </li> <li>Drug Deaths (42nd)</li> <li>Illicit Drug Use (43rd)</li> <li>Frequent Mental Distress (47th)</li> <li>Frequent Physical Distress (40th)</li> </ul>
<b>Children</b>			
<b>Social and Economic Factors</b>	17	<ul style="list-style-type: none"> <li>Adult Mentor (1st)</li> <li>High-Speed Internet (7th)</li> <li>ACEs: Discrimination: Race or Ethnicity (5th)</li> <li>Children in Poverty: Racial Disparity (6th)</li> <li>High School Completion (2nd)</li> <li>Reading, Singing or Storytelling (2nd)</li> </ul>	<ul style="list-style-type: none"> <li>Adverse Childhood Experiences (ACEs): <ul style="list-style-type: none"> <li>Mental Illness in Household (44th)</li> <li>Child Victimization (49th)</li> <li>Fourth Grade Reading Proficiency (45th)</li> </ul> </li> </ul>
<b>Clinical Care</b>	6	<ul style="list-style-type: none"> <li>Childhood Immunizations (7th)</li> <li>Well-Child Visit (3rd)</li> <li>Developmental Screening (2nd)</li> <li>Medical Home (6th): <ul style="list-style-type: none"> <li>Personal Doctor or Nurse (3rd)</li> <li>Usual Source of Care (3rd)</li> <li>Family-Centered Care (9th)</li> </ul> </li> <li>ADD/ADHD Treatment (8th): <ul style="list-style-type: none"> <li>Medication (6th)</li> <li>Behavioral Treatment (8th)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Medical Home: <ul style="list-style-type: none"> <li>Effective Care Coordination (44th)</li> <li>Got Needed Referrals (48th)</li> </ul> </li> </ul>
<b>Health Behaviors</b>	3	<ul style="list-style-type: none"> <li>Adequate Sleep (5th)</li> <li>Teen Births: Youth (5th)</li> <li>Physical Activity (1st)</li> <li>Sleep Position (1st)</li> <li>Exercise (10th)</li> </ul>	<ul style="list-style-type: none"> <li><i>No measures ranked above 40</i></li> </ul>
<b>Health Outcomes</b>	45	<ul style="list-style-type: none"> <li>Low Birth Weight Racial Disparity: Infants (2nd)</li> <li>Congenital Syphilis: Infants (5th)</li> </ul>	<ul style="list-style-type: none"> <li>Asthma (49th)</li> <li>Flourishing (47th)</li> <li>Diagnosed Mental Health Conditions (50th): <ul style="list-style-type: none"> <li>Anxiety: Current (50th)</li> <li>ADHD (46th)</li> <li>Behavior Problems: Current (49th)</li> </ul> </li> <li>Neonatal Abstinence Syndrome: (46th)</li> <li>Neonatal Mortality (46th)</li> <li>Obesity (44th)</li> <li>Overweight/Obesity (42nd)</li> </ul>

# UnitedWay ALICE Report

The number of households in financial hardship in Maine continues to be undercounted in official measures. There are many households in the U.S. that have income above the Federal Poverty Level (FPL) but still struggle to afford basic household necessities. This population is called ALICE (Asset Limited, Income Constrained, Employed). For ALICE households there is a fundamental mismatch between earnings and the cost of basics.

In order to estimate ALICE households, United for ALICE calculated a Household Survival Budget to estimate the minimum costs of household necessities (i.e. housing, childcare, food, etc.) in Maine. The Household Survival Budget is adjusted for different counties and household types. Households whose income is below the Household Survival Budget but above the Federal Poverty Level are ALICE. For example, the ALICE Household Survival Budget for a family of four utilizing childcare in 2023 was \$91,104 compared to the Federal Poverty Level at \$30,000.

In Maine overall, 11% of households are below the Federal Poverty Level. However, an additional 29% of households live above the Federal Poverty Level but below the ALICE Survival Budget, ranking Maine 28th in the US. In total 40% of Maine's households live below the ALICE Survival Budget. At the county level, the highest concentration of households below the ALICE survival budget were in Washington and Oxford, with nearly half of households below the ALICE survival budget (49%), followed by Franklin and Somerset counties (46%).



County	% households below ALICE survival Budget	% households below federal poverty level (FPL)	% households above FPL and below ALICE survival budget
<b>MaineHealth Service Area</b>			
Oxford**	49%	15%	34%
Franklin**	46%	12%	35%
Waldo**	43%	14%	30%
Knox**	41%	10%	31%
York*	41%	8%	33%
Lincoln**	40%	9%	31%
Sagadahoc**	37%	12%	25%
Cumberland*	34%	7%	27%
<b>MaineHealth Affiliates</b>			
Somerset**	46%	16%	30%
Androscoggin*	43%	15%	28%
Kennebec*	40%	12%	28%
<b>Northern &amp; Downeast Maine</b>			
Washington**	49%	20%	29%
Piscataquis**	44%	17%	27%
Penobscot*	42%	14%	29%
Aroostook*	42%	13%	29%
Hancock**	41%	11%	31%

\* 1-year population rate (2023)

\*\* 5-year population rate (2019-2023)

ALICE Household Survival Budget, Maine, 2023			
	Single Adult (18-64)	Single Senior (65+)	2 Adults (18-64), 1 Infant, 1 Preschooler
<b>Monthly Costs</b>			
Housing (110% of fair market rate)*	\$590	\$590	\$726
Housing – Utilities	\$163	\$163	\$310
Child Care	-	-	\$1,443
Food	\$536	\$495	\$1,461
Transportation	\$396	\$331	\$1,046
Health Care	\$184	\$529	\$714
Technology	\$86	\$86	\$116
Miscellaneous	\$196	\$219	\$582
Taxes (including credits)	\$345	\$412	\$1,230
<b>Monthly Total</b>	<b>\$2,496</b>	<b>\$2,825</b>	<b>\$7,628</b>
<b>ANNUAL TOTAL</b>	<b>\$29,952</b>	<b>\$33,900</b>	<b>\$86,040</b>
Full-Time Hourly Wage	\$14.98	\$16.95	\$43.02

\*Update: As of 2023, based on HUD's new FMR policy, housing costs are recalculated using 110% of FMR to more accurately reflect the rental market. Small Area FMR is used in metro areas, where rents are higher than 110% of FMR. In prior years, costs used standard FMR and were adjusted in metro areas using ACS housing costs. To avoid reporting artificial rent decreases, 2022 rents are used if higher than 2023 rents.

# How Health Index Priorities Are Selected

The primary role of the MaineHealth Health Index Initiative is helping to inform the strategic direction that MaineHealth takes for improving population health in our communities.

To fulfill this role, we routinely review and update the Health Index priorities. This round of reviewing and proposing a list of priorities began in July 2019. The proposed list of priorities was primarily created with input from the Center for Health Improvement's leaders (the Chief Health Improvement Officer, Senior Directors and Directors). In some cases, additional input was gathered from clinical content experts (e.g. experts about healthy aging issues).

1. Health Index priorities were selected from the three sets of MaineHealth programs and initiatives listed below. The table on the next page illustrates how the proposed priorities align with them.
  - a. The seven current Health Index priorities;
  - b. priorities selected by the local health systems in their respective community health needs assessment (CHNA) implementation plans, and
  - c. other system-wide foci, such as Diabetes and Falls Prevention among Older Adults'
2. The same five criteria used to select the current Health Index priorities were used in this process:
  - a. Action would contribute to improvements in the health status of the population.
    - » Can relate to general population and specific populations of note (e.g., people with diabetes)
    - » Causal relationships established by scientific evidence
    - » Timeline is realistic
  - b. There is a high likelihood of success.
    - » Previous research or action has demonstrated effect
    - » Cost effectiveness has been or can be demonstrated
    - » Resources exist or can be secured
  - c. Alignment among potential partners exists.
    - » Potential partners exist in clinical and community domains
    - » Common interests or goals can be determined
  - d. Action is consistent with regional, state, and national efforts by provider organizations like MaineHealth
    - » Healthy People 2020
    - » IHI, NCQA
    - » State Health Plan for Maine
    - » Maine Hospital Association
  - e. Action is consistent with the business interests of MaineHealth as a financially viable, nonprofit regional system of health care provider organizations, whose vision is to improve community health.
3. Community Health Improvement leaders made two recommendations for the Health Index priorities moving forward:
  - a. At any given time, MaineHealth will have at least one priority related to "Child Health" and at least one related to "Healthy Aging". In this proposed list, we are proposing child and adolescent immunizations and falls prevention among older adults. All of the other priorities proposed influence/affect children, youth and older adult populations. Nevertheless, it was considered important to intentionally ensure inclusion of priorities focused on older adults and children in the current and future Health Index priorities.
  - b. Shift to broader health topics as priorities. The original Health Index priorities all had an action phrase (e.g. "Decrease" or "Increase"); we recommended that we remove these phrases.

In the MaineHealth Health Index October 2020	Health Index Priority	selected by MaineHealth local health systems	system-wide foci for MaineHealth
1. Cardiovascular Disease	X		
2. Cancer	X		
3. Diabetes		X	X
4. Behavioral Health			
a. Substance Misuse & Dependence	X	X	
b. Mental Health Conditions			X
5. Healthy Aging: Falls Prevention		X	X
6. Child Health: Child & Adolescent Immunizations	X		X
7. Tobacco & Nicotine Dependence	X	X	
8. Obesity	X	X	
9. Social Determinants of Health		X	X
10. COVID (temporary priority)			X
Remove: Preventable Hospitalizations‡	X		

‡ While we have proposed removing the Preventable Hospitalizations measure, two of the chronic conditions (heart failure and diabetes) included in this metric fall under other priorities proposed in this list; thus we can present admissions rates in in-depth reports about those priorities.

The “preventable hospitalizations” measure is defined as the admission rate for twelve ambulatory care-sensitive conditions; patients provided with high-quality, community-based primary health care for these conditions often can avoid hospitalizations or more severe disease that requires treatment within a hospital. The three conditions with the highest admissions rates are heart failure, bacterial pneumonia, and chronic obstructive pulmonary disease. The remaining nine conditions are angina (when no intervention is completed during the hospitalization), asthma, cellulitis, convulsions, dehydration, diabetes, gastroenteritis, hypertension, and kidney/urinary infections.

# Health Index Priority Issues by County

## Data Sources for Long-term Metrics of Proposed Health Index Priority Issues for MaineHealth

<b>Cardiovascular Disease</b>	
Deaths per 100,000 population	U.S. CDC WONDER database
<b>Cancer</b>	
Deaths per 100,000 population	U.S. CDC WONDER database
New cases per 100,000 population	North American Association of Central Cancer Registries
<b>Diabetes</b>	
% ever told has Diabetes	U.S. CDC Behavioral Risk Factor Surveillance System
<b>Behavioral Health</b>	
<b>Substance Misuse and Dependence</b>	
Drug-overdose deaths per 100,000 population*	U.S. CDC WONDER database
<b>Mental Health Conditions</b>	
Suicides per 100,000 pop 10+ years old*	U.S. CDC WONDER database
<b>Healthy Aging: Falls Prevention</b>	
% 65+ yr-olds reported falling 1+ times within the past 12 months	U.S. CDC Behavioral Risk Factor Surveillance System
<b>Child Health: Child &amp; Adolescent Immunizations</b>	
% of 24- to 35-month-olds up-to-date for combined 7-vaccine series	U.S. CDC National Immunization Survey
<b>Tobacco &amp; Nicotine Dependence</b>	
% 18+-year-olds currently smoke	U.S. CDC Behavioral Risk Factor Surveillance System
% high school students used any tobacco product or electronic vapor product in past 30 days	U.S. CDC Youth Risk Behavior Survey System; Maine Integrated Youth Health Survey
<b>Obesity</b>	
% 18+-year-olds with obesity	U.S. CDC Behavioral Risk Factor Surveillance System
% high school students with obesity	U.S. CDC Youth Risk Behavior Survey System; Maine Integrated Youth Health Survey
<b>Social Determinants of Health</b>	
% households experiencing food insecurity	Feeding America; Map the Meal Gap
% of individuals who are uninsured	U.S. Census Small Area Health Insurance Estimates

## MaineHealth Service Area Health Index Priority Issues for MaineHealth, updated January 2022

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! **MHSA/ME** is doing worse than **U.S.**
- ★ **MHSA/ME** is doing better than **U.S.**
- ◎ **MHSA/ME** is doing the same as **U.S.**

Health Index Priority Long-Term Metric	MaineHealth Service Area data or Maine data				U.S. (Benchmark)	
	Baseline Rate	Current Rate	Change	FY2028 Target*	current	+-
<b>1. Cardiovascular Disease</b>						
Deaths per 100,000 population**	2010-12 186.1	2021-23 198.7	!	≤175	2021-23 223.8	★
<b>2. Cancer</b>						
Deaths per 100,000 population**	2010-12 181.6	2021-23 154.0	★	≤140	2021-23 143.5	!
New cases per 100,000 population**	2008-10 504.2	2020-22 479.4	★	≤450	439.9	!
<b>3. Diabetes</b>						
% ever told has Diabetes	2014 9.5%	2024 11.5%	!	≤9%	2024 12.0%	†
<b>4. Behavioral Health</b>						
a. Substance Misuse and Dependence						
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 9.4	2021-23 42.9	!	≤12	2021-23 31.9	!
b. Mental Health Conditions						
Suicides per 100,000 population**	2010-12 15.0	2021-23 18.2	!	≤14	2021-23 14.2	!
<b>5. Healthy Aging: Falls Prevention</b>						
% 65+ year-olds reported falling 1+ times within the past 12 months	2012 34.1%	2023 31.6%	◎	≤26%	2023 27.8%	!
<b>6. Child &amp; Adolescent Immunizations</b>						
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎
<b>7. Tobacco &amp; Nicotine Dependence</b>						
% 18+ year-olds currently smoke	2014 19.3%	2024 14.4%	★	≤14%	2024 11.6%	†
% high school students used any tobacco or electronic vapor product in past 30 days	2017 19.1%	2025 15.1%	★	≤20%	2025 N/A	~
<b>8. Obesity</b>						
% 18+ year-olds with obesity	2014 28.2%	2024 33.2%	!	≤26%	2024 34.2%	†
% high school students with obesity	2009 12.5%	2025 16.1%	!	≤13%	2025 N/A	~
<b>9. Social Determinants of Health</b>						
% households experiencing food insecurity	2017 12.5%	2023 13.8%	†	≤11%	2023 14.3%	†
% of individuals under age 65 who are uninsured	2012 12.4%	2023 7.8%	★	TBD	2023 9.5%	★

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

~ Not yet available for 2025

## Androscoggin County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! Androscoggin/ME is doing worse than **MHSA/ME/U.S.**
- ★ Androscoggin/ME is doing better than **MHSA/ME/U.S.**
- ◎ Androscoggin/ME is doing the same as **MHSA/ME/U.S.**

<b>Health Index Priority</b> <b>Long-Term Metric</b>	<b>Androscoggin County</b> data or <b>Maine</b> data				<b>MHSA, ME, or U.S.</b> (Benchmark)	
	<b>Baseline Rate</b>	<b>Current Rate</b>	<b>Change</b>	<b>FY2028 Target*</b>	<b>current</b>	<b>+/−</b>
<b>1. Cardiovascular Disease</b>						
Deaths per 100,000 population**	2010-12 226.6	2021-23 246.4	◎	≤175	2021-23 198.7	!
<b>2. Cancer</b>						
Deaths per 100,000 population**	2010-12 199.9	2021-23 160.0	★	≤140	2021-23 154.0	◎
New cases per 100,000 population**	2008-10 511.4	2020-22 446.3	★	≤450	2020-22 479.4	★
<b>3. Diabetes</b>						
% ever told has Diabetes	2011-13 11.5%	2021-23 12.2%	◎	≤9%	2021-23 11.0%	◎
<b>4. Behavioral Health</b>						
a. Substance Misuse and Dependence						
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 10.2	2021-23 61.9	!	≤12	2021-23 42.9	!
b. Mental Health Conditions						
Suicides per 100,000 population**	2010-12 14.4	2021-23 17.7	◎	≤14	2021-23 18.2	◎
<b>5. Healthy Aging: Falls Prevention</b>						
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 28.2%	2018-20 31.8%	◎	≤26%	2018-20 28.4%	◎
<b>6. Child &amp; Adolescent Immunizations</b>						
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎
<b>7. Tobacco &amp; Nicotine Dependence</b>						
% 18+ year-olds currently smoke	2011-13 24.2%	2021-23 16.0%	★	≤14%	2021-23 14.9%	◎
% high school students used any tobacco or electronic vapor product in past 30 days	2015 18.3%	2025 14.4%	◎	≤20%	2025 15.1%	◎
<b>8. Obesity</b>						
% 18+ year-olds with obesity	2012-14 35.1%	2021-23 34.9%	◎	≤26%	2021-23 32.5%	◎
% high school students with obesity	2009 14.2%	2025 19.0%	◎	≤13%	2025 16.1%	◎
<b>9. Social Determinants of Health</b>						
% households experiencing food insecurity	2017 14.2%	2023 15.0%	†	≤11%	2023 13.8%	†
% of individuals under age 65 who are uninsured	2012 11.7%	2023 7.8%	★	TBD	2023 7.8%	◎

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

## Carroll County, NH Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! Carroll/NH is doing worse than MHSA/NH/U.S.
- ★ Carroll/NH is doing better than MHSA/NH/U.S.
- ◎ Carroll/NH is doing the same as MHSA/NH/U.S.

Health Index Priority Long-Term Metric	Carroll County, NH data or New Hampshire data				MHSA, NH, or U.S. (Benchmark)	
	Baseline Rate	Current Rate	Change	FY2028 Target*	current	+/−
<b>1. Cardiovascular Disease</b>						
Deaths per 100,000 population**	2010-12 149.4	2021-23 170.1	◎	≤175	2021-23 198.7	★
<b>2. Cancer</b>						
Deaths per 100,000 population**	2010-12 176.1	2021-23 145.6	◎	≤140	2021-23 154.0	◎
New cases per 100,000 population**	2008-10 523.1	2020-22 468.5	◎	≤450	2020-22 459.0	◎
<b>3. Diabetes</b>						
% ever told has Diabetes	2011-13 9.7%	2021-23 10.2%	◎	≤9%	2021-23 9.4%	◎
<b>4. Behavioral Health</b>						
a. Substance Misuse and Dependence						
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 13.0	2021-23 34.4	!	≤12	2021-23 42.9	◎
b. Mental Health Conditions						
Suicides per 100,000 population**	2010-12 17.8	2021-23 20.1	◎	≤14	2021-23 18.2	◎
<b>5. Healthy Aging: Falls Prevention</b>						
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 31.8%	2018-20 29.7%	◎	≤26%	2018-20 26.8%	◎
<b>6. Child &amp; Adolescent Immunizations</b>						
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 85.1%	2021-23 82.8%	◎	≥80%	2021-23 72.8%	◎
<b>7. Tobacco &amp; Nicotine Dependence</b>						
% 18+ year-olds currently smoke	2011-13 18.7%	2021-23 13.7%	◎	≤14%	2021-23 11.4%	◎
% high school students used any tobacco or electronic vapor product in past 30 days	2019 40.8%	2023 19.9%	★	≤20%	2023 16.6%	◎
<b>8. Obesity</b>						
% 18+ year-olds with obesity	2012-14 25.2%	2021-23 27.5%	◎	≤26%	2021-23 31.3%	◎
% high school students with obesity	2019 12.6%	2023 13.1%	◎	≤13%	2023 12.5%	◎
<b>9. Social Determinants of Health</b>						
% households experiencing food insecurity	2017 8.6%	2023 11.0%	†	≤11%	2023 10.7%	†
% of individuals under age 65 who are uninsured	2012 17.7%	2023 7.6%	★	TBD	2023 6.0%	!

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

## Cumberland County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! Cumberland/ME is doing worse than MHSA/ME/U.S.
- ★ Cumberland/ME is doing better than MHSA/ME/U.S.
- ◎ Cumberland/ME is doing the same as MHSA/ME/U.S.

<b>Health Index Priority Long-Term Metric</b>	<b>Cumberland County</b> data or <b>Maine</b> data				<b>MHSA, ME, or U.S. (Benchmark)</b>	<b>current</b>	<b>+/ -</b>
	<b>Baseline Rate</b>	<b>Current Rate</b>	<b>Change</b>	<b>FY2028 Target*</b>			
<b>1. Cardiovascular Disease</b>							
Deaths per 100,000 population**	2010-12 161.7	2021-23 178.5	!	≤175	2021-23 198.7		★
<b>2. Cancer</b>							
Deaths per 100,000 population**	2010-12 177.0	2021-23 140.5	★	≤140	2021-23 154.0		★
New cases per 100,000 population**	2008-10 488.8	2020-22 459.8	★	≤450	2020-22 479.4		★
<b>3. Diabetes</b>							
% ever told has Diabetes	2011-13 7.6%	2021-23 8.6%	◎	≤9%	2021-23 11.0%		★
<b>4. Behavioral Health</b>							
a. Substance Misuse and Dependence							
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 9.2	2021-23 38.3	!	≤12	2021-23 42.9		◎
b. Mental Health Conditions							
Suicides per 100,000 population**	2010-12 12.8	2021-23 13.2	◎	≤14	2021-23 18.2		★
<b>5. Healthy Aging: Falls Prevention</b>							
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 29.9%	2018-20 26.2%	◎	≤26%	2018-20 28.4%		◎
<b>6. Child &amp; Adolescent Immunizations</b>							
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%		◎
<b>7. Tobacco &amp; Nicotine Dependence</b>							
% 18+-year-olds currently smoke	2011-13 16.9%	2021-23 9.5%	★	≤14%	2021-23 14.9%		★
% high school students used any tobacco or electronic vapor product in past 30 days	2015 22.8%	2025 14.1%	★	≤20%	2025 15.1%		◎
<b>8. Obesity</b>							
% 18+-year-olds with obesity	2012-14 23.2%	2021-23 27.1%	!	≤26%	2021-23 32.5%		★
% high school students with obesity	2009 9.9%	2025 12.3%	◎	≤13%	2025 16.1%		★
<b>9. Social Determinants of Health</b>							
% households experiencing food insecurity	2017 12.2%	2023 11.6%	†	≤11%	2023 13.8%		†
% of individuals under age 65 who are uninsured	2012 11.1%	2023 6.2%	★	TBD	2023 7.8%		★

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

## Franklin County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! Franklin/ME is doing worse than MHSA/ME/U.S.
- ★ Franklin/ME is doing better than MHSA/ME/U.S.
- ◎ Franklin/ME is doing the same as MHSA/ME/U.S.

Health Index Priority Long-Term Metric	Franklin County data or Maine data				MHSA, ME, or U.S. (Benchmark)	
	Baseline Rate	Current Rate	Change	FY2028 Target*	current	+/−
<b>1. Cardiovascular Disease</b>						
Deaths per 100,000 population**	2010-12 193.9	2021-23 211.6	◎	≤175	2021-23 198.7	◎
<b>2. Cancer</b>						
Deaths per 100,000 population**	2010-12 161.9	2021-23 155.6	◎	≤140	2021-23 154.0	◎
New cases per 100,000 population**	2008-10 464.7	2020-22 447.0	◎	≤450	2020-22 479.4	◎
<b>3. Diabetes</b>						
% ever told has Diabetes	2011-13 9.1%	2021-23 11.4%	◎	≤9%	2021-23 11.0%	◎
<b>4. Behavioral Health</b>						
a. Substance Misuse and Dependence						
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 ^	2021-23 37.2	^	≤12	2021-23 42.9	◎
b. Mental Health Conditions						
Suicides per 100,000 population**	2010-12 ^	2021-23 24.3	^	≤14	2021-23 18.2	◎
<b>5. Healthy Aging: Falls Prevention</b>						
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 29.6%	2018-20 30.9%	◎	≤26%	2018-20 28.4%	◎
<b>6. Child &amp; Adolescent Immunizations</b>						
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎
<b>7. Tobacco &amp; Nicotine Dependence</b>						
% 18+ year-olds currently smoke	2011-13 22.2%	2021-23 16.1%	◎	≤14%	2021-23 14.9%	◎
% high school students used any tobacco or electronic vapor product in past 30 days	2015 22.7%	2025 19.6%	◎	≤20%	2025 15.1%	!
<b>8. Obesity</b>						
% 18+ year-olds with obesity	2012-14 30.4%	2021-23 30.6%	◎	≤26%	2021-23 32.5%	◎
% high school students with obesity	2009 12.5%	2025 19.0%	◎	≤13%	2025 16.1%	◎
<b>9. Social Determinants of Health</b>						
% households experiencing food insecurity	2017 12.8%	2023 14.5%	†	≤11%	2023 13.8%	†
% of individuals under age 65 who are uninsured	2012 13.6%	2023 9.3%	★	TBD	2023 7.8%	◎

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

^ Data suppressed due to low numbers

## Kennebec County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! Kennebec/ME is doing worse than **MHSA/ME/U.S.**
- ★ Kennebec/ME is doing better than **MHSA/ME/U.S.**
- ◎ Kennebec/ME is doing the same as **MHSA/ME/U.S.**

<b>Health Index Priority Long-Term Metric</b>	<b>Kennebec County</b> data or <b>Maine</b> data				<b>MHSA, ME, or U.S. (Benchmark)</b>	
	<b>Baseline Rate</b>	<b>Current Rate</b>	<b>Change</b>	<b>FY2028 Target*</b>	<b>current</b>	<b>+/−</b>
<b>1. Cardiovascular Disease</b>						
Deaths per 100,000 population**	2010-12 212.5	2021-23 230.9	◎	≤175	2021-23 198.7	!
<b>2. Cancer</b>						
Deaths per 100,000 population**	2010-12 192.5	2021-23 169.0	★	≤140	2021-23 154.0	!
New cases per 100,000 population**	2008-10 516.8	2020-22 484.0	◎	≤450	2020-22 479.4	◎
<b>3. Diabetes</b>						
% ever told has Diabetes	2011-13 9.5%	2021-23 12.2%	◎	≤9%	2021-23 11.0%	◎
<b>4. Behavioral Health</b>						
a. Substance Misuse and Dependence						
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 10.7	2021-23 50.0	!	≤12	2021-23 42.9	◎
b. Mental Health Conditions						
Suicides per 100,000 population**	2010-12 15.6	2021-23 18.6	◎	≤14	2021-23 18.2	◎
<b>5. Healthy Aging: Falls Prevention</b>						
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 30.8%	2018-20 29.2%	◎	≤26%	2018-20 28.4%	◎
<b>6. Child &amp; Adolescent Immunizations</b>						
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎
<b>7. Tobacco &amp; Nicotine Dependence</b>						
% 18+ year-olds currently smoke	2011-13 21.5%	2021-23 15.9%	★	≤14%	2021-23 14.9%	◎
% high school students used any tobacco or electronic vapor product in past 30 days	2015 23.6%	2025 ^	^	≤20%	2025 15.1%	^
<b>8. Obesity</b>						
% 18+ year-olds with obesity	2012-14 31.5%	2021-23 34.8%	◎	≤26%	2021-23 32.5%	◎
% high school students with obesity	2009 11.9%	2025 ^	^	≤13%	2025 16.1%	^
<b>9. Social Determinants of Health</b>						
% households experiencing food insecurity	2017 13.5%	2023 14.5%	†	≤11%	2023 13.8%	†
% of individuals under age 65 who are uninsured	2012 11.4%	2023 7.4%	★	TBD	2023 7.8%	◎

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

^ Data suppressed due to low numbers

## Knox County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! Knox/ME is doing worse than **MHSA/ME/U.S.**
- ★ Knox/ME is doing better than **MHSA/ME/U.S.**
- ◎ Knox/ME is doing the same as **MHSA/ME/U.S.**

Health Index Priority Long-Term Metric	Knox County data or Maine data				MHSA, ME, or U.S. (Benchmark)	
	Baseline Rate	Current Rate	Change	FY2028 Target*	current	+/−
<b>1. Cardiovascular Disease</b>						
Deaths per 100,000 population**	2010-12 163.9	2021-23 196.4	◎	≤175	2021-23 198.7	◎
<b>2. Cancer</b>						
Deaths per 100,000 population**	2010-12 171.5	2021-23 147.5	◎	≤140	2021-23 154.0	◎
New cases per 100,000 population**	2008-10 519.2	2020-22 467.9	◎	≤450	2020-22 479.4	◎
<b>3. Diabetes</b>						
% ever told has Diabetes	2011-13 8.0%	2021-23 9.4%	◎	≤9%	2021-23 11.0%	◎
<b>4. Behavioral Health</b>						
a. Substance Misuse and Dependence						
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 11.6	2021-23 44.0	!	≤12	2021-23 42.9	◎
b. Mental Health Conditions						
Suicides per 100,000 population**	2010-12 ^	2021-23 20.1	^	≤14	2021-23 18.2	◎
<b>5. Healthy Aging: Falls Prevention</b>						
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 32.2%	2018-20 30.5%	◎	≤26%	2018-20 28.4%	◎
<b>6. Child &amp; Adolescent Immunizations</b>						
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎
<b>7. Tobacco &amp; Nicotine Dependence</b>						
% 18+ year-olds currently smoke	2011-13 18.2%	2021-23 14.0%	◎	≤14%	2021-23 14.9%	◎
% high school students used any tobacco or electronic vapor product in past 30 days	2015 ^	2025 ^	^	≤20%	2025 15.1%	^
<b>8. Obesity</b>						
% 18+ year-olds with obesity	2012-14 22.0%	2021-23 28.9%	!	≤26%	2021-23 32.5%	◎
% high school students with obesity	2009 ^	2025 ^	^	≤13%	2025 16.1%	^
<b>9. Social Determinants of Health</b>						
% households experiencing food insecurity	2017 12.3%	2023 12.3%	†	≤11%	2023 13.8%	†
% of individuals under age 65 who are uninsured	2012 14.9%	2023 10.2%	★	TBD	2023 7.8%	!

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

^ Data suppressed due to low numbers

## Lincoln County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for **+/** columns:

- ! Lincoln/ME is doing worse than MHSA/ME/U.S.
- ★ Lincoln/ME is doing better than MHSA/ME/U.S.
- ◎ Lincoln/ME is doing the same as MHSA/ME/U.S.

<b>Health Index Priority Long-Term Metric</b>	<b>Lincoln County</b> data or <b>Maine</b> data				<b>MHSA, ME, or U.S. (Benchmark)</b>	<b>current</b>	<b>+/</b>
	<b>Baseline Rate</b>	<b>Current Rate</b>	<b>Change</b>	<b>FY2028 Target*</b>			
<b>1. Cardiovascular Disease</b>							
Deaths per 100,000 population**	2010-12 187.0	2021-23 163.2	◎	≤175	2021-23 198.7	★	
<b>2. Cancer</b>							
Deaths per 100,000 population**	2010-12 179.7	2021-23 156.6	◎	≤140	2021-23 154.0	◎	
New cases per 100,000 population**	2008-10 476.3	2020-22 417.2	◎	≤450	2020-22 479.4	★	
<b>3. Diabetes</b>							
% ever told has Diabetes	2011-13 9.1%	2021-23 9.7%	◎	≤9%	2021-23 11.0%	◎	
<b>4. Behavioral Health</b>							
a. Substance Misuse and Dependence							
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 13.8	2021-23 42.3	!	≤12	2021-23 42.9	◎	
b. Mental Health Conditions							
Suicides per 100,000 population**	2010-12 18.8	2021-23 25.2	◎	≤14	2021-23 18.2	◎	
<b>5. Healthy Aging: Falls Prevention</b>							
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 33.8%	2018-20 29.5%	◎	≤26%	2018-20 28.4%	◎	
<b>6. Child &amp; Adolescent Immunizations</b>							
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎	
<b>7. Tobacco &amp; Nicotine Dependence</b>							
% 18+ year-olds currently smoke	2011-13 16.7%	2021-23 14.6%	◎	≤14%	2021-23 14.9%	◎	
% high school students used any tobacco or electronic vapor product in past 30 days	2015 16.9%	2025 13.8%	◎	≤20%	2025 15.1%	◎	
<b>8. Obesity</b>							
% 18+ year-olds with obesity	2012-14 24.8%	2021-23 28.0%	◎	≤26%	2021-23 32.5%	★	
% high school students with obesity	2009 14.3%	2025 17.8%	◎	≤13%	2025 16.1%	◎	
<b>9. Social Determinants of Health</b>							
% households experiencing food insecurity	2017 12.1%	2023 12.5%	†	≤11%	2023 13.8%	†	
% of individuals under age 65 who are uninsured	2012 14.2%	2023 8.6%	★	TBD	2023 7.8%	◎	

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

## Oxford County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! Oxford/ME is doing worse than MHSA/ME/U.S.
- ★ Oxford/ME is doing better than MHSA/ME/U.S.
- ◎ Oxford/ME is doing the same as MHSA/ME/U.S.

<b>Health Index Priority</b> <b>Long-Term Metric</b>	<b>Oxford County</b> data or <b>Maine</b> data				<b>MHSA, ME, or U.S.</b> (Benchmark)	<b>current</b>	<b>+/−</b>
	<b>Baseline Rate</b>	<b>Current Rate</b>	<b>Change</b>	<b>FY2028 Target*</b>			
<b>1. Cardiovascular Disease</b>							
Deaths per 100,000 population**	2010-12 194.4	2021-23 199.6	◎	≤175	2021-23 198.7	◎	
<b>2. Cancer</b>							
Deaths per 100,000 population**	2010-12 186.9	2021-23 163.4	◎	≤140	2021-23 154.0	◎	
New cases per 100,000 population**	2008-10 519.2	2020-22 465.2	◎	≤450	2020-22 479.4	◎	
<b>3. Diabetes</b>							
% ever told has Diabetes	2011-13 10.0%	2021-23 12.9%	◎	≤9%	2021-23 11.0%	◎	
<b>4. Behavioral Health</b>							
a. Substance Misuse and Dependence							
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 ^	2021-23 45.3	∧	≤12	2021-23 42.9	◎	
b. Mental Health Conditions							
Suicides per 100,000 population**	2010-12 ^	2021-23 24.7	∧	≤14	2021-23 18.2	◎	
<b>5. Healthy Aging: Falls Prevention</b>							
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 38.0%	2018-20 30.9%	◎	≤26%	2018-20 28.4%	◎	
<b>6. Child &amp; Adolescent Immunizations</b>							
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎	
<b>7. Tobacco &amp; Nicotine Dependence</b>							
% 18+ year-olds currently smoke	2011-13 25.4%	2021-23 19.6%	◎	≤14%	2021-23 14.9%	!	
% high school students used any tobacco or electronic vapor product in past 30 days	2015 22.8%	2025 17.7%	◎	≤20%	2025 15.1%	◎	
<b>8. Obesity</b>							
% 18+ year-olds with obesity	2012-14 30.0%	2021-23 34.1%	◎	≤26%	2021-23 32.5%	◎	
% high school students with obesity	2009 14.5%	2025 19.0%	◎	≤13%	2025 16.1%	◎	
<b>9. Social Determinants of Health</b>							
% households experiencing food insecurity	2017 13.4%	2023 15.3%	†	≤11%	2023 13.8%	†	
% of individuals under age 65 who are uninsured	2012 13.5%	2023 10.1%	★	TBD	2023 7.8%	!	

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

^ Data suppressed due to low numbers

## Sagadahoc County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for *Change* columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! Sagadahoc/ME is doing worse than MHSA/ME/U.S.
- ★ Sagadahoc/ME is doing better than MHSA/ME/U.S.
- ◎ Sagadahoc/ME is doing the same as MHSA/ME/U.S.

Health Index Priority Long-Term Metric	Sagadahoc County data or Maine data				MHSA, ME, or U.S. (Benchmark)	current	+/-
	Baseline Rate	Current Rate	Change	FY2028 Target*			
<b>1. Cardiovascular Disease</b>							
Deaths per 100,000 population**	2010-12 186.1	2021-23 163.0	◎	≤175	2021-23 198.7	★	
<b>2. Cancer</b>							
Deaths per 100,000 population**	2010-12 164.8	2021-23 146.4	◎	≤140	2021-23 154.0	◎	
New cases per 100,000 population**	2008-10 469.5	2020-22 468.9	◎	≤450	2020-22 479.4	◎	
<b>3. Diabetes</b>							
% ever told has Diabetes	2011-13 9.5%	2021-23 11.0%	◎	≤9%	2021-23 11.0%	◎	
<b>4. Behavioral Health</b>							
a. Substance Misuse and Dependence							
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 ^	2021-23 21.4	^	≤12	2021-23 42.9	★	
b. Mental Health Conditions							
Suicides per 100,000 population**	2010-12 ^	2021-23 11.5	^	≤14	2021-23 18.2	◎	
<b>5. Healthy Aging: Falls Prevention</b>							
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 34.4%	2018-20 24.7%	◎	≤26%	2018-20 28.4%	◎	
<b>6. Child &amp; Adolescent Immunizations</b>							
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎	
<b>7. Tobacco &amp; Nicotine Dependence</b>							
% 18+ year-olds currently smoke	2011-13 19.9%	2021-23 14.3%	◎	≤14%	2021-23 14.9%	◎	
% high school students used any tobacco or electronic vapor product in past 30 days	2015 26.5%	2025 15.8%	★	≤20%	2025 15.1%	◎	
<b>8. Obesity</b>							
% 18+ year-olds with obesity	2012-14 25.3%	2021-23 27.7%	◎	≤26%	2021-23 32.5%	★	
% high school students with obesity	2009 13.7%	2025 18.0%	◎	≤13%	2025 16.1%	!	
<b>9. Social Determinants of Health</b>							
% households experiencing food insecurity	2017 11.8%	2023 12.9%	†	≤11%	2023 13.8%	†	
% of individuals under age 65 who are uninsured	2012 10.7%	2023 6.9%	★	TBD	2023 7.8%	◎	

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

^ Data suppressed due to low numbers

## Somerset County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! Somerset/ME is doing worse than **MHSA/ME/U.S.**
- ★ Somerset/ME is doing better than **MHSA/ME/U.S.**
- ◎ Somerset/ME is doing the same as **MHSA/ME/U.S.**

<b>Health Index Priority</b> <b>Long-Term Metric</b>	<b>Somerset County</b> data or <b>Maine</b> data				<b>MHSA, ME, or U.S.</b> (Benchmark)	<b>current</b>	<b>+/ -</b>
	<b>Baseline Rate</b>	<b>Current Rate</b>	<b>Change</b>	<b>FY2028 Target*</b>			
<b>1. Cardiovascular Disease</b>							
Deaths per 100,000 population**	2010-12 247.2	2021-23 265.6	◎	≤175	2021-23 198.7		!
<b>2. Cancer</b>							
Deaths per 100,000 population**	2010-12 212.7	2021-23 196.4	◎	≤140	2021-23 154.0		!
New cases per 100,000 population**	2008-10 474.4	2020-22 484.9	◎	≤450	2020-22 479.4		◎
<b>3. Diabetes</b>							
% ever told has Diabetes	2011-13 11.8%	2021-23 13.2%	◎	≤9%	2021-23 11.0%		◎
<b>4. Behavioral Health</b>							
a. Substance Misuse and Dependence							
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 9.0	2021-23 62.9	!	≤12	2021-23 42.9		!
b. Mental Health Conditions							
Suicides per 100,000 population**	2010-12 17.1	2021-23 26.7	◎	≤14	2021-23 18.2		◎
<b>5. Healthy Aging: Falls Prevention</b>							
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 36.3%	2018-20 29.3%	◎	≤26%	2018-20 28.4%		◎
<b>6. Child &amp; Adolescent Immunizations</b>							
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%		◎
<b>7. Tobacco &amp; Nicotine Dependence</b>							
% 18+-year-olds currently smoke	2011-13 26.4%	2021-23 23.1%	◎	≤14%	2021-23 14.9%		!
% high school students used any tobacco or electronic vapor product in past 30 days	2015 21.3%	2025 18.3%	◎	≤20%	2025 15.1%		◎
<b>8. Obesity</b>							
% 18+-year-olds with obesity	2012-14 35.2%	2021-23 35.7%	◎	≤26%	2021-23 32.5%		◎
% high school students with obesity	2009 13.0%	2025 21.9%	!	≤13%	2025 16.1%		!
<b>9. Social Determinants of Health</b>							
% households experiencing food insecurity	2017 15.0%	2023 16.5%	†	≤11%	2023 13.8%		†
% of individuals under age 65 who are uninsured	2012 13.6%	2023 9.4%	★	TBD	2023 7.8%		◎

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

## Waldo County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for **+/-** columns:

- ! Waldo/ME is doing worse than MHSA/ME/U.S.
- ★ Waldo/ME is doing better than MHSA/ME/U.S.
- ◎ Waldo/ME is doing the same as MHSA/ME/U.S.

<b>Health Index Priority Long-Term Metric</b>	<b>Waldo County</b> data or <b>Maine</b> data				<b>MHSA, ME, or U.S. (Benchmark)</b>	
	<b>Baseline Rate</b>	<b>Current Rate</b>	<b>Change</b>	<b>FY2028 Target*</b>		<b>current</b>
<b>1. Cardiovascular Disease</b>						
Deaths per 100,000 population**	2010-12 211.9	2021-23 238.1	◎	≤175	2021-23 198.7	!
<b>2. Cancer</b>						
Deaths per 100,000 population**	2010-12 178.5	2021-23 168.4	◎	≤140	2021-23 154.0	◎
New cases per 100,000 population**	2008-10 506.8	2020-22 491.1	◎	≤450	2020-22 479.4	◎
<b>3. Diabetes</b>						
% ever told has Diabetes	2011-13 9.4%	2021-23 10.3%	◎	≤9%	2021-23 11.0%	◎
<b>4. Behavioral Health</b>						
a. Substance Misuse and Dependence						
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 14.1	2021-23 45.1	!	≤12	2021-23 42.9	◎
b. Mental Health Conditions						
Suicides per 100,000 population**	2010-12 18.1	2021-23 26.1	◎	≤14	2021-23 18.2	◎
<b>5. Healthy Aging: Falls Prevention</b>						
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 30.6%	2018-20 31.1%	◎	≤26%	2018-20 28.4%	◎
<b>6. Child &amp; Adolescent Immunizations</b>						
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎
<b>7. Tobacco &amp; Nicotine Dependence</b>						
% 18+ year-olds currently smoke	2011-13 19.5%	2021-23 18.2%	◎	≤14%	2021-23 14.9%	!
% high school students used any tobacco or electronic vapor product in past 30 days	2015 24.2%	2025 13.2%	◎	≤20%	2025 15.1%	◎
<b>8. Obesity</b>						
% 18+ year-olds with obesity	2012-14 30.4%	2021-23 38.3%	!	≤26%	2021-23 32.5%	!
% high school students with obesity	2009 16.9%	2025 19.3%	◎	≤13%	2025 16.1%	◎
<b>9. Social Determinants of Health</b>						
% households experiencing food insecurity	2017 13.0%	2023 14.4%	†	≤11%	2023 13.8%	†
% of individuals under age 65 who are uninsured	2012 14.3%	2023 8.5%	★	TBD	2023 7.8%	◎

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

## York County Health Index Priority Issues for MaineHealth, updated January 2026

Symbols for **Change** columns:

- ! health issue is getting worse over time
- ★ health issue is getting better over time
- ◎ health issue was not statistically significant

Symbols for +/- columns:

- ! York/ME is doing worse than MHSA/ME/U.S.
- ★ York/ME is doing better than MHSA/ME/U.S.
- ◎ York/ME is doing the same as MHSA/ME/U.S.

Health Index Priority Long-Term Metric	York County data or Maine data				MHSA, ME, or U.S. (Benchmark)	
	Baseline Rate	Current Rate	Change	FY2028 Target*	current	+-
<b>1. Cardiovascular Disease</b>						
Deaths per 100,000 population**	2010-12 175.9	2021-23 185.1	◎	≤175	2021-23 198.7	★
<b>2. Cancer</b>						
Deaths per 100,000 population**	2010-12 174.0	2021-23 149.9	★	≤140	2021-23 154.0	◎
New cases per 100,000 population**	2008-10 515.6	2020-22 479.0	★	≤450	2020-22 479.4	◎
<b>3. Diabetes</b>						
% ever told has Diabetes	2011-13 9.4%	2021-23 11.2%	◎	≤9%	2021-23 11.0%	◎
<b>4. Behavioral Health</b>						
a. Substance Misuse and Dependence						
Unintentional Drug-overdose deaths per 100,000 population**	2010-12 9.2	2021-23 36.6	!	≤12	2021-23 42.9	◎
b. Mental Health Conditions						
Suicides per 100,000 population**	2010-12 16.9	2021-23 19.1	◎	≤14	2021-23 18.2	◎
<b>5. Healthy Aging: Falls Prevention</b>						
% 65+ year-olds reported falling 1+ times within the past 12 months	2012-14 29.2%	2018-20 25.2%	◎	≤26%	2018-20 28.4%	◎
<b>6. Child &amp; Adolescent Immunizations</b>						
% of infants up-to-date for combined 7-vaccine series by age 35 months	2017-19 80.5%	2021-23 78.4%	◎	≥80%	2021-23 72.8%	◎
<b>7. Tobacco &amp; Nicotine Dependence</b>						
% 18+ year-olds currently smoke	2011-13 19.5%	2021-23 12.9%	★	≤14%	2021-23 14.9%	◎
% high school students used any tobacco or electronic vapor product in past 30 days	2015 25.3%	2025 14.2%	★	≤20%	2025 15.1%	◎
<b>8. Obesity</b>						
% 18+ year-olds with obesity	2012-14 27.5%	2021-23 31.8%	◎	≤26%	2021-23 32.5%	◎
% high school students with obesity	2009 10.2%	2025 14.1%	◎	≤13%	2025 16.1%	◎
<b>9. Social Determinants of Health</b>						
% households experiencing food insecurity	2017 11.3%	2023 12.3%	†	≤11%	2023 13.8%	†
% of individuals under age 65 who are uninsured	2012 11.2%	2023 6.7%	★	TBD	2023 7.8%	◎

\*MaineHealth targets have been set to use the most recent years of data that will be available as of September 30, 2028

\*\* Rates have been age-adjusted to the U.S. 2000 standard population

† Statistical significance cannot be determined - Confidence intervals unavailable

## Resources

Source	Website
America's Health Rankings	<a href="http://www.americashealthrankings.org/">www.americashealthrankings.org/</a>
Behavioral Risk Factor Surveillance System	<a href="https://www.cdc.gov/brfss/brfssprevalence/index.html">https://www.cdc.gov/brfss/brfssprevalence/index.html</a>
Community Health Needs Assessment Data	<a href="http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/final-CHNA-reports.shtml">www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/final-CHNA-reports.shtml</a>
County Health Rankings	<a href="http://www.countyhealthrankings.org/reports">www.countyhealthrankings.org/reports</a>
Health Index	<a href="http://www.mainehealth.org/about/health-index-initiative">www.mainehealth.org/about/health-index-initiative</a>
Maine Kids Count	<a href="https://mekids.org/data-books/">https://mekids.org/data-books/</a>
Maine Integrated Youth Health Survey	<a href="https://www.maine.gov/miyhs/">https://www.maine.gov/miyhs/</a>
Maine Measures of Growth	<a href="https://www.mdf.org/economic-policy-research/measures-of-growth-report/">https://www.mdf.org/economic-policy-research/measures-of-growth-report/</a>
Maine Youth Risk Behavior Survey	<a href="http://www.maine.gov/miyhs/fact-sheets">www.maine.gov/miyhs/fact-sheets</a>
U.S. CDC WONDER Underlying Causes of Death	<a href="https://wonder.cdc.gov/">https://wonder.cdc.gov/</a>

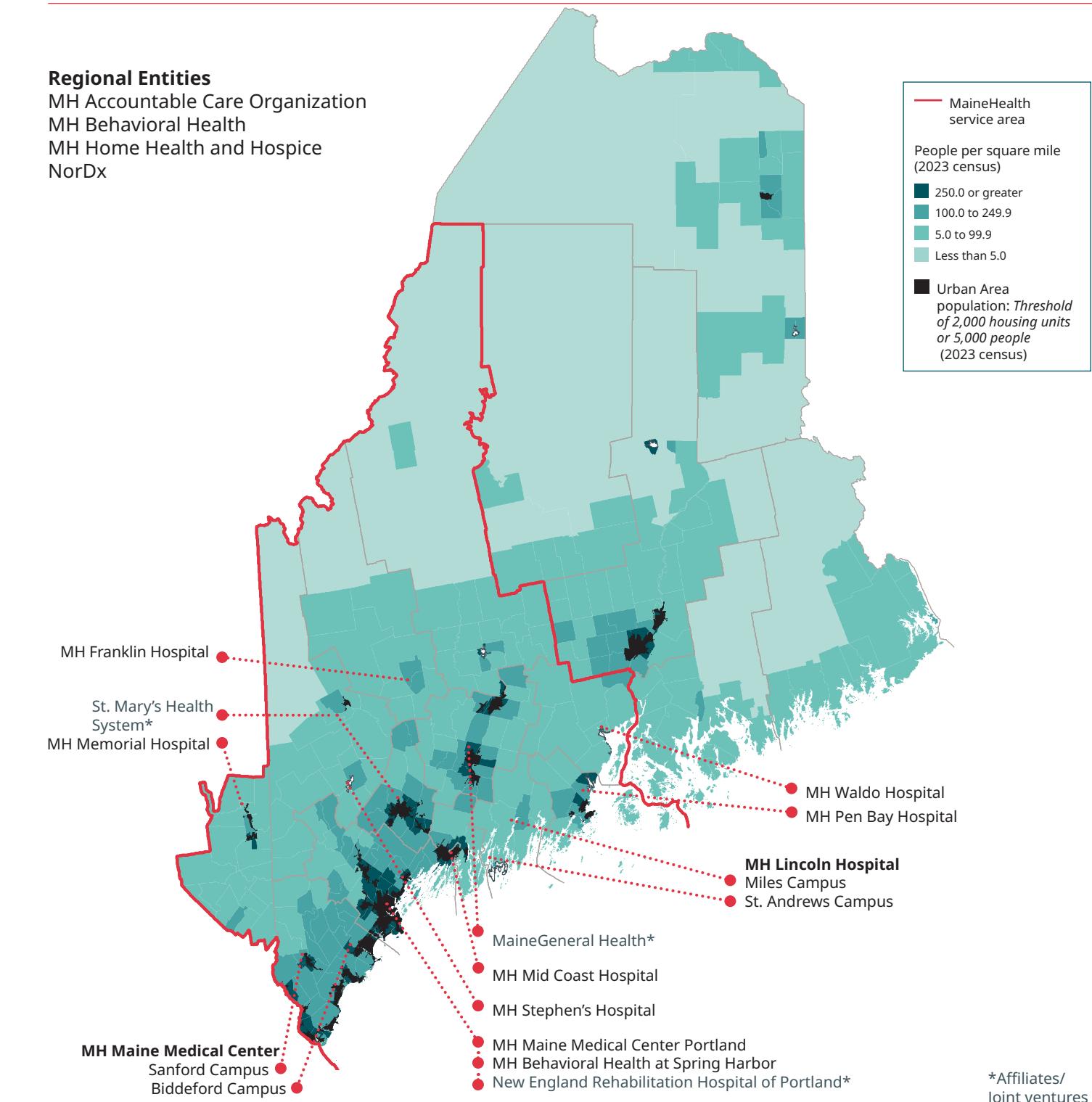
Find this report online at:

[https://www.mainehealth.org/about-mainehealth/health-index-initiative](http://www.mainehealth.org/about-mainehealth/health-index-initiative)

# MaineHealth and the Communities We Serve

## Regional Entities

MH Accountable Care Organization  
MH Behavioral Health  
MH Home Health and Hospice  
NorDx



## About MaineHealth

MaineHealth is a not-for-profit, integrated health system whose vision is, "Working together so our communities are the healthiest in America," and is committed to a mission of providing high-quality affordable care, educating tomorrow's caregivers and researching better ways to provide care. The MaineHealth system reaches more than 1.1 million residents in central, southern & western Maine; and eastern New Hampshire. Our system includes MH Behavioral Health at Spring Harbor, MH Franklin Hospital, MH Lincoln Hospital, MH Maine Medical Center, MH Memorial Hospital, MH Mid Coast Hospital, MH Pen Bay Hospital, MH Stephens Hospital, MH Waldo Hospital, MH Barbara Bush Children's Hospital, MaineHealth Care at Home, the MaineHealth Institute for Research, the MaineHealth Medical Group and MH NorDx. MaineHealth affiliates include Maine General Health and St. Mary's Health System. Joint venture partners include New England Rehabilitation Hospital of Portland. MaineHealth is also a significant stakeholder in the MaineHealth Accountable Care Organization.