

BANGOR DAILY NEWS

Washington County men have lowest life expectancy in Maine

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Washington County, which historically has garnered [poor health standings](#) among Maine counties, has the lowest life expectancy in Maine for men, and one of the lowest for women, according to a new [national report](#) from the University of Washington.

One Bangor physician said Tuesday that all rural Mainers face significant challenges to their health as they age, including habitual inactivity, poverty, geographic isolation and the quality of the health care they receive. And the state's new public health director said the administration of Gov. [Paul LePage](#) is committed to improving the health of all Maine people.

Nationally, life expectancy in 2007 ranged from 65.9 to 81.1 years for men and from 73.5 to 86 years for women, according to the county-by-county report issued last week from the UW Institute of Health Metrics and Evaluation. In Maine, which overall is in line with the national norms, the range for men was from 73.1 years in Washington County to 77.3 years in Lincoln County. Life expectancy for Maine women ranged from a low of 79.8 years in Somerset County to 81.7 years in Cumberland County. Data for the report were drawn from the [National Center for Health Statistics at the U.S. Centers for Disease Control and Prevention](#).

The national study found the lowest life expectancy concentrated in southern Appalachian regions of the country. The longest-lived populations were scattered throughout the country, including in southern New England, the Midwest and across the northern tier states.

While the study report steers clear of identifying specific causes for the regional differences in life expectancy, the authors note long-standing correlations between mortality rates and income, education, ethnicity, lifestyle and access to health care services. The authors also note that despite much higher per-person health care spending in the United States, life expectancy here is dropping behind that of other developed nations.

[Bangor](#) physician Henry "Toby" Atkins said on Tuesday that he had not seen the new report. But he said Maine's elderly residents, especially in the farther-flung reaches of rural Maine, face a number of challenges to healthy aging, including poverty, rural isolation and an unforgiving climate that makes it difficult to maintain physical activity during much of the year.

Atkins has practiced in the Bangor area since 1977 and is employed as a geriatric specialist by [Penobscot Community Health Care](#), a publicly subsidized health system with clinics in Bangor, Old Town and Brewer.

It is only recently that indoor gyms, pools and other recreational facilities have been available in rural areas, he said, and active winter sports such as skiing and snowshoeing have not traditionally attracted the participation of aging Mainers.

Habitual inactivity and a poor diet contribute to high rates of obesity, [heart disease](#) and other chronic conditions among Maine's elderly, Atkins said. In addition, access to medical care is sketchy in rural areas and likely to get worse, he said.

In the publicly funded [Medicare](#) and [Medicaid](#) programs, Atkins said, “government policy is to promote [population] concentration” by funding public health clinics that serve more urban areas. Independent physicians in rural areas face high costs and other challenges to maintaining private practices, he said, which are not offset by the limited reimbursements offered by public programs.

“If you don’t live in a high-population area, you are likely to have less access to health care,” Atkins said. “Unless federal policy changes, you aren’t going to see any improvement.”

[Dr. Sheila Pinette](#), recently named director of the Maine Center for Disease Control and Prevention, said the new report strengthens the state’s commitment to improving public health. Since the establishing of the [Healthy Maine Partnerships](#) program in 2001, using money from the 1999 tobacco settlement, the Maine CDC has focused on strengthening regional health programming while building a centralized public health system, she said.

“We have made tremendous improvements,” she said, citing [statewide](#) reductions in teen and adult [smoking](#) and teen drinking over the past decade.

Pinette noted that in a recent ranking of states’ health from the United Health Foundation, Maine ranked eighth best in the nation, compared with 19th in the nation in 1998.

Still, many areas of Maine suffer from high rates of chronic disease and limited access to primary care services, she noted. In Washington County, she said, the economic downturn has worsened already high rates of poverty, depression and substance abuse. Local agencies are implementing efforts to improve access to mental health, substance abuse and primary care services in the county, she said, using a 2008 grant from the federal [Department of Health and Human Services](#).

While Gov. LePage focuses on bringing new jobs to Maine, Pinette said the Maine CDC will continue to work with local health agencies and other community groups to improve safety, [nutrition](#), physical [fitness](#) and access to health care.

But Bangor geriatrician Atkins said Mainers who are entering their old age in reasonably good health generally would do well to keep their distance from the health care system.

“Stay out of the doctor’s office unless you have a specific illness,” he advised. He said many doctors don’t spend enough time with their patients, fail to keep up with changing standards and routinely prescribe too many medicines.

“We cause as many hospitalizations as we prevent,” he said.

A lifestyle that includes regular physical [exercise](#), a healthy [diet](#), socialization and a network of community connections will help aging Mainers make the most of their golden years and avoid ill health, Atkins said.

To see the new report from the University of Washington, visit <http://www.pophealthmetrics.com/>.

To see your county’s results, [click here](#).

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